



NATURE AND EXTENT OF THE ILLICIT DRUG PROBLEM IN MISSOURI

2008

**Department of Public Safety
and
Statistical Analysis Center**

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Ronald G. Beck
Missouri Statistical Analysis Center

TABLE OF CONTENTS

	PAGE
INTRODUCTION	1
ILLICIT DRUG USE IN MISSOURI	5
Marijuana	5
Cocaine	6
Methamphetamine	8
Heroin / Opiates	9
Hallucinogens	10
Other Illicit Drugs	11
IMPACT OF ILLICIT DRUG USE	12
Criminal Justice System	13
Health Care System	14
ILLICIT DRUG INDUSTRY IN MISSOURI	17
Marijuana Cultivation	17
Methamphetamine Clandestine Laboratories	19
Missouri Interstate Distribution Trafficking	23
Distribution And Point-Of-Sale Drug Trafficking	25
Marijuana	25
Cocaine / Crack Cocaine	26
Methamphetamine	29
Heroin / Opiates	30
Hallucinogens	32
Ecstasy	33
Pharmaceuticals	34
New Illicit Drugs	36
APPENDIX A: MISSOURI REGIONAL COUNTY GROUPINGS	A-1
REFERENCES	B-1

FIGURES

PAGE

ILLCIT DRUG USE IN MISSOURI

Figure 1:	Marijuana Abuse Emergency Room Diagnoses And Treatment Admission Mentions 2003 Through 2008	6
Figure 2:	Cocaine Abuse Emergency Room Diagnoses And Treatment Admission Mentions 2003 Through 2008	7
Figure 3:	Methamphetamine Abuse Emergency Room Diagnoses And Treatment Admission Mentions 2003 Through 2008	9
Figure 4:	Heroin / Opiates Abuse Emergency Room Diagnoses And Treatment Admission Mentions 2003 Through 2008	10
Figure 5:	Hallucinogens Abuse Emergency Room Diagnoses And Treatment Admission Mentions 2003 Through 2008	11
Figure 6:	Other Drug Abuse Emergency Room Diagnoses And Treatment Admission Mentions 2003 Through 2008	12

IMPACT OF DRUG USE

Figure 7:	Number of Missouri Drug Offense Arrests 2003 Through 2008	13
Figure 8:	Rate Of Missouri Drug Offense Arrests Per 100,000 Population 2003 Through 2008	13
Figure 9:	Cases Processed By Missouri Crime Laboratories With Identified Drugs 2002 Through 2008	14
Figure 10:	Illicit Drugs Identified In Missouri Crime Laboratory Cases By Drug Type FY 2008	14
Figure 11:	Missouri Juvenile Court Referrals 2007	14
Figure 12:	Missouri Juvenile Court Referrals For Drug Related Law Violations 2001 Through 2007	15
Figure 13:	Department Of Corrections Clients Sentenced For Drug Violations 2004 Through 2008	15
Figure 14:	Missouri Hospital Illicit Drug Mentions In Patient Diagnoses By Drug Type 2007	15
Figure 15:	Diagnoses Of Illicit Drug Abuse In Missouri Hospital Emergency Room Admissions 2003 Through 2008	16

ILLCIT DRUG INDUSTRY IN MISSOURI

Figure 16:	Organization Levels Associated With Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2008	19
Figure 17:	Trends Of Marijuana Cultivation Industry As Perceived By Multi-Jurisdictional Drug Task Forces 2008	19
Figure 18:	Clandestine Methamphetamine Laboratory Seizures By County And MSHP Troop 2008	20

Figure 19:	Clandestine Methamphetamine Laboratories Seized By Multi-Jurisdictional Drug Task Forces FY 2002 Through FY 2008	21
Figure 20:	Types Of Chemical Processing Associated With Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2008	22
Figure 21:	Organization Levels Associated With Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2008	23
Figure 22:	Trends Of Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2008	23
Figure 23:	Growth Trends Of Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces 2008	24
Figure 24:	Purity Trends Of Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces 2008	24
Figure 25:	Organization Levels Associated With Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	26
Figure 26:	Growth Trends Of Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	26
Figure 27:	Organization Levels Associated With Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	28
Figure 28:	Growth Trends Of Cocaine / Crack Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	28
Figure 29:	Organization Levels Associated With Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces 2008	29
Figure 30:	Growth Trends Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces 2008	29
Figure 31:	Organization Levels Associated With Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	30
Figure 32:	Growth Trends Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	30
Figure 33:	Organization Levels Associated With Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	32
Figure 34:	Growth Trends Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	32
Figure 35:	Growth Trends Of Hallucinogens Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	33
Figure 36:	Organization Levels Associated With Ecstasy / Designer Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	34
Figure 37:	Growth Trends Of Ecstasy / Designer Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	34
Figure 38:	Organization Levels Associated With Pharmaceutical Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	36

Figure 39: Growth Trends Of Pharmaceutical Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	36
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TABLES

	PAGE
--	-------------

ILLCIT DRUG USE IN MISSOURI

Table 1: Mentions Of Marijuana In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008	5
Table 2: Proportion Of Missouri High School Seniors Who Used Marijuana In Past 30 Days 1995 Through 2007	6
Table 3: Mentions Of Cocaine In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008	7
Table 4: Proportion Of Missouri High School Seniors Who Used Cocaine In Past 30 Days 1993 Through 2007	8
Table 5: Mentions of Methamphetamine In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008	8
Table 6: Mentions Of Heroin / Opiates In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008	10
Table 7: Mentions Of Hallucinogens In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008	11

IMPACT OF ILLICIT DRUG USE

Table 8: HIV / AIDS Cases Contracted By Intravenous Drug Use 2001 Through 2007	16
--	----

ILLCIT DRUG INDUSTRY IN MISSOURI

Table 9: Seriousness Of Specific Illicit Drug Industries in Missouri As Perceived By Multi-Jurisdictional Drug Task Forces 2008	17
Table 10: Eradication Of Cultivated And Sinsemilla Marijuana Plants By Multi-Jurisdictional Drug Task Forces Fiscal Years 2003 Through 2008	18
Table 11: Location Of Outdoor and Indoor Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2008	18
Table 12: Demographic Characteristics Of Persons Involved In Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2008	19
Table 13: Cases With Methamphetamine Products And Precursors Detected By Missouri Crime Laboratories FY 2002 Through FY 2008	21
Table 14: Locations Used For Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2008	21

Table 15:	Clandestine Methamphetamine Precursor Chemicals As Perceived By	
	Multi-Jurisdictional Drug Task Forces 2008	22
Table 16:	Sources Of Methamphetamine Precursor Chemicals As Perceived By	
	Multi-Jurisdictional Drug Task Forces 2008	22
Table 17:	Demographic Characteristics Of Persons Involved In Clandestine	
	Methamphetamine Production As Perceived By Multi-Jurisdictional	
	Drug Task Forces 2008	22
Table 18:	Types Of Drugs Transported Across Missouri As Perceived By Multi-	
	Jurisdictional Drug Task Forces 2008	23
Table 19:	Vehicle Types Used To Transport Drugs Across Missouri As Perceived	
	By Multi-Jurisdictional Drug Task Forces 2008	24
Table 20:	Demographic Characteristics Of Persons Involved In Interstate Drug	
	Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug	
	Task Forces 2008	24
Table 21:	Ounces of Drugs Seized By Multi-Jurisdictional Drug Task Forces FY 2002	
	Through FY 2008	25
Table 22:	Location Of Marijuana Point-Of-Sale Distribution As Perceived By	
	Multi-Jurisdictional Drug Task Forces 2008	26
Table 23:	Demographic Characteristics Of Persons Involved In Marijuana	
	Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task	
	Forces 2008	26
Table 24:	Location Of Cocaine / Crack Point-Of-Sale Distribution As Perceived By	
	Multi-Jurisdictional Drug Task Forces 2008	27
Table 25:	Demographic Characteristics Of Persons Involved In Cocaine / Crack	
	Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug	
	Task Forces 2008	27
Table 26:	Location Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional	
	Drug Task Forces 2008	28
Table 27:	Demographic Characteristics Of Persons Involved in Crack Processing As	
	Perceived By Multi-Jurisdictional Drug Task Forces 2008	28
Table 28:	Location of Methamphetamine Point-of-Sale Distribution As Perceived	
	By Multi-Jurisdictional Drug Task Forces 2008	30
Table 29:	Demographic Characteristics Of Persons Involved In Methamphetamine	
	Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug	
	Task Forces 2008	30
Table 30:	Location Of Heroin / Opiates Point-Of-Sale Distribution As Perceived By	
	Multi-Jurisdictional Drug Task Forces 2008	31
Table 31:	Demographic Characteristics Of Persons Involved in Heroin / Opiates	
	Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug	
	Task Forces 2008	31
Table 32:	Location Of Hallucinogens Point-Of-Sale Distribution As Perceived By	
	Multi-Jurisdictional Drug Task Forces 2008	32

Table 33:	Demographic Characteristics Of Persons Involved in Hallucinogens Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	32
Table 34:	Location Of Ecstasy / Designer Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	34
Table 35:	Demographic Characteristics Of Persons Involved In Ecstasy / Designer Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	34
Table 36:	Narcotics, Depressants, And Stimulants Associated With Pharmaceutical Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	35
Table 37:	Location Of Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	36
Table 38:	Demographic Characteristics Of Persons Involved in Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	36

FOREWORD

On behalf of the State of Missouri and the Missouri Department of Public Safety, it is my pleasure to present the results of an analysis of the illicit drug problem in Missouri. This report focuses on three primary issues: illicit drug use, impact of illicit drug use, and the illegal drug industry in the State.

The Missouri Department of Public Safety remains committed to our vision: “By embracing the challenges of the future, the Department of Public Safety and the law enforcement community working together will provide the protection and service to create a quality of life in which all people feel safe and secure.”

John M. Britt
Director
Missouri Department of Public Safety

INTRODUCTION

The Missouri Department of Public Safety (DPS) has undertaken a comprehensive approach to utilizing Byrne federal grant dollars to address the illicit drug problem in the State. Enforcement / interdiction, prevention / education, treatment, criminal litigation, improving criminal history records, and improving statewide illicit drug and violent crime data are a few of the Department's focus areas. It is believed Missouri citizens can receive the most benefit by addressing these issues.

A study was conducted by DPS and the Missouri Statistical Analysis Center (SAC) to provide baseline information to evaluate Byrne Memorial Justice Assistance Grant (JAG) funded programs targeted at illicit drug enforcement and prevention of use. This report provides results of this study and focuses on three primary issues: illicit drug use, societal impact of drug use, and extent of drug industries in the State.

Illicit drug use and demand drive the impact of drugs and their industries in Missouri. Because of this relationship, an analysis of illicit drug use is critical for an assessment of Missouri's drug problem. The demographic characteristics, perceived risk, emergency room and treatment trends, regional variance, and prevalence by young persons are assessed for marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, and other illicit drug use.

In order to make a statewide assessment of drug use, several analyses were conducted of drug treatment data stored in the Client Tracking, Registration, Admission, and Commitment (CTRAC)¹ information system maintained by the Missouri Department of Mental Health (DMH). This system captures data on clients admitted to fifty-eight State-supported treatment facilities for alcohol and drug abuse dependency problems. As part of the CTRAC data collection effort, drugs which clients abuse (up to three: primary, secondary, tertiary) are captured. Patterns of illicit drug use, demographic profiles of users, and trends were analyzed with CTRAC data. In 2008, 30,605 clients were admitted for treatment of illicit drug use. A total of 46,022 illicit drugs were mentioned by these clients. Of these, 23,497 illicit drugs were mentioned by clients as primary contributors to their abuse problems.

Another information system used to assess illicit drug use was the Patient Abstract Information System² maintained by Department of Health and Senior Services (DHSS). This information system captures data on patients admitted to licensed hospitals in Missouri including cases handled through hospital emergency rooms. Data were obtained on all patients admitted to these facilities from 2001 through 2007 where use of illicit drugs was mentioned as part of their diagnosis.

Data from two statewide surveys also were analyzed to identify the extent of drug use in Missouri. The Missouri Department of Elementary and Secondary Education (DESE) High School Drug Survey³ was used to identify marijuana, cocaine, methamphetamine, and heroin use by Missouri high school seniors. Trends of use were analyzed from 1991 through 2007 for these two drugs. Data collected in a 2006 Prevalance of Drug Use Survey⁴ conducted by the Missouri State Highway Patrol was used to identify citizens' perspectives of the extent of the drug problem and their awareness of use by family members, friends, or acquaintances.

The societal impact of drug use in Missouri is manifested in many ways. A significant impact is seen in the resources and effort expended by the criminal justice system to control the problem. To assess this impact, trends and types of drug arrests, criminal laboratory cases, juvenile court referrals, and incarcerated persons were analyzed. Drug use also impacts the health care system in Missouri. Unfortunately, no single data source or indicator could be relied on to provide a definitive assessment of these problems and their impact on Missouri's citizens. Instead, this study was based on data from existing federal, state, and local information systems primarily associated with law enforcement, juvenile justice, corrections, and public health agencies.

To identify illicit drugs' societal impact, several data sources were analyzed. Law enforcement's response to illicit drugs in Missouri was analyzed using Uniform Crime Reporting (UCR)⁵ arrest data. An analysis of DPS' Crime Laboratory Quarterly Monitor Report System⁶ data describing drug cases processed by Missouri crime laboratories were analyzed to identify the impact criminal justice

service agencies. Juvenile Court Information System⁷ data describing referrals of juveniles for drug violations were analyzed to identify the impact of drugs on Missouri's juvenile justice system. Illicit drugs' impact on the State's penal system was identified through analysis of Department of Corrections (DOC) Offender Management Information System⁸ data for clients incarcerated for drug violations. The relationship of crime and drug use was analyzed in a 2002 survey of jail inmates conducted by the Bureau of Justice Statistics⁹.

Illicit drugs impact the the State's health infrastructure and public health of Missouri citizens. Analysis of DHS hospital admission data² describing persons diagnosed with illicit drug-related health problems identified the impact on Missouri's hospital infrastructure. An analysis of Missouri Bureau of AIDS / HIV Prevention¹⁰ data describing cases involving IV / AIDS contracted through illicit drug use identified the impact on State-supported facilities that care for HIV / AIDS afflicted persons.

The illicit drug industry also has an impact on Missouri's economy and the criminal justice system. To determine the extent of drug industries in the State, an analysis was conducted of data contained in the Multi-jurisdictional Drug Task Force (MJTF) Quarterly Monitor Report Information System¹¹ supported under the Edward Byrne Memorial Justice Assistance Grant (JAG). These reports request information on trends in quantity and estimated street value of drugs seized as well as types of drug cases and arrests processed. Reliance also was placed on information collected in DPS' Crime Laboratory Quarterly Monitor Report System⁶. Data in this system provide information related to trends in illicit drug case processing as well as identification of new illicit drug types coming on the scene or older ones experiencing a rejuvenation of use.

This study also utilized data collected in the Missouri MJTF Drug Industry Survey¹² to identify the extent of drug industries. In this survey, representatives or points of contact were requested to identify drug industries causing significant problems in their jurisdictions and to provide detailed profiles on those drug industries considered to be major or moderate problems in their operational area. Seriousness and locations of each industry, demographic characteristics of industry participants, and organization levels

were analyzed to assess drug industries in the State. An analysis of marijuana cultivation and methamphetamine clandestine laboratories was conducted to determine the trends and extent of illicit drug production within the State. An analysis of interstate distribution / trafficking was conducted to determine trends and extent of the foreign produced illicit drugs sold in Missouri and trafficked across the State's roadway system. The distribution and point-of-sale drug trafficking was analyzed to identify the extent of illicit drug sales in Missouri. This analysis included distribution and sale of marijuana, cocaine / crack cocaine, methamphetamine, heroin / opiates, hallucinogens, ecstasy, pharmaceutical drugs, and drugs new to Missouri's illicit market.

Substantial reliance also was placed on research at the federal level to provide additional insights into drug industry problem areas. Most helpful were the National Drug Intelligence Center (NDIC) publications *National Drug Threat Assessment 2008*¹³ and *Midwest High Intensity Drug Trafficking Area*¹⁴. Also, *Street Drugs*¹⁵, a drug identification guide was utilized for invaluable updated drug information.

The final level of analysis consisted of viewing illicit drug problems on a regional basis. Results of this analysis were incorporated into both the assessment of the nature and extent of illicit drug use and impact of this use. Reliance was placed on viewing these problem areas based on Metropolitan Statistical Areas (MSAs). MSAs are developed by the U.S. Bureau of Census and were defined as areas having a large population nucleus together with adjacent communities having a high degree of economic and social integration with that nucleus. For this report, MSA boundaries are modified to include counties within drug task force jurisdictions which cover counties outside of Bureau of Census boundaries. Missouri's seven MSAs, modified to include adjoining task force counties, are: St. Louis MSA which consists of ten counties and the City of St. Louis; the Kansas City MSA which consists of ten counties; the Columbia MSA with three counties; the Jefferson City MSA with two counties; the Springfield MSA consisting of nine counties; the Joplin MSA consisting of five counties; and the St. Joseph MSA with twelve counties. For regional analysis, the remaining sixty-four counties were grouped together and entitled Non-MSA Region. Appendix A identifies specific counties associated with these regional

groupings as well as a map displaying their location in the State. For analysis purposes, however, Jefferson City MSA was combined with the Columbia MSA.

Prior to discussing findings of this assessment, it is worthwhile to describe Missouri's population and geographical characteristics. Missouri covers an area of 68,898 square miles. It is approximately 270 miles from east to west and 310 miles from north to south. Missouri has two very large urban population centers, a number of smaller urban population centers, and vast rural areas all representing diverse cultures and life-styles.

It is estimated Missouri's 2008 population was over 5.7 million. Of the total population, over one-half live in the two largest MSAs, 36.9% in the St. Louis MSA and 20.1% in the Kansas City MSA). Five MSAs contain 21.1% of the population while the Non-MSA regions of the State account for 21.9% of the total.

ILLICIT DRUG USE IN MISSOURI

The illicit drug problem in the State of Missouri is well recognized by its citizens. In a public opinion survey conducted by the Missouri State Highway Patrol in 2008¹⁶, Missouri citizens were asked to rank several social issues facing the United States. These social concerns were ranked in the following order from most to least problematic: crime, drug abuse, health care, public education, problems relating to economy, homeland defense / security, illegal immigration, alcohol abuse, taking care of needed / elderly , and damage to the environment. The responses were analyzed based on their being ranked as one of the top three problem areas in the nation.

This section contains an assessment of the major types of illicit drugs currently in use in the State. These include: marijuana, cocaine / crack, methamphetamine, heroin / opiates, hallucinogens (LSD, PCP, mescaline, psilocybin, etc.), ecstasy, and other types of drugs.

Marijuana

Marijuana is one of the most abused drugs in the State. In 2007, the Missouri Department of Health and Senior Services recorded 24,776 illicit drug mentions during admissions of Missouri residents to in-state hospitals for medical treatment. In the diagnosis of 4,893 patients, marijuana was mentioned as a factor. Of all illicit drugs diagnosed in 2007, marijuana accounted for 19.8%. It was the third most diagnosed drug associated with statewide hospital admissions in 2007.

Marijuana was the greatest contributing factor to people seeking treatment for illicit drug abuse and dependency. In 2008, 30,605 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 23,497 primary drug mentions were made by these clients. There were 10,849 clients who indicated marijuana contributed to their drug abuse problem. As a result, marijuana accounted for 46.2% of all primary drug mentions.

A greater proportion of marijuana mentions are associated with drug dependency and treatment centers than hospital admissions. This may indicate marijuana has a greater direct effect on a person's socio-psychological well-being as compared to their physical health.

Marijuana is used by all demographic groups in Missouri. Of the 10,849 clients in treatment programs who indicated marijuana as a problem, 74.9% were male and 25.1% were female (Table 1). In addition, 66.5% were Caucasian, 30.8% were African American, and 2.7% were either American Indian or another race. The majority of clients were 17 years of age and older (82.4%) while 17.6% were 16 years of age or younger.

Indications are marijuana is a drug of choice by Missouri's youth compared to other illicit drugs. The average age of clients receiving treatment for illicit drug use in 2008 was 30.9 years. However, for the 10,849 clients with a marijuana problem, the average age was 26.1 years. Clients with a marijuana problem first used it at a younger age than clients first used other illicit drugs. The average age of clients' first use of marijuana was 15.4 years compared to 19.9 years for clients' first use of any illicit drugs.

A statewide survey conducted by the Missouri Department of Public Safety in 2006 indicates marijuana was perceived by respondents to have the least amount of risk associated with its use. Of the respondents, 24.3% felt marijuana used once or twice presented a great risk to users. Occasional use of marijuana was perceived to be a great risk by 36.0% of the respondents. Yet regular marijuana use was perceived by 74.7% of the respondents to present a great physical risk to users. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs 69.1% know they use and sell marijuana.

Table 1
Mentions Of Marijuana In Drug Treatment Admissions
By Demographic Characteristics Of Clients
2008

Gender		
	Male	74.9%
	Female	25.1%
Race		
	Caucasian	66.5%
	African American	30.8%
	American Indian	2.7%
	Other	0.0%
Age Group		
	16 Years & Younger	17.6%
	17 Years & Older	82.4%

was 39.0 years. The average age of clients receiving treatment for any illicit drug in 2005 was 30.9 years. In addition, clients with a cocaine problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of cocaine was 25.8 years compared to 19.9 years for clients' first use of any illicit drug.

In the statewide survey of prevalence of drug use conducted by the DPS, respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 17.8% know they use or sell cocaine. In addition, 11.9% of the respondents have a friend, relative, or acquaintance who uses or sells crack. The survey also indicates cocaine / crack use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 98.2% believe regular cocaine / crack use poses a great risk to users.

Trend analyses were conducted identifying patterns of cocaine use in Missouri over the past several years. When examining these trends, it is apparent use of this drug has fluctuated in recent years but may be on the decline. The number of persons admitted to hospitals diagnosed with a cocaine problem increased from 2003 to 2006, but then decreased to 7,332 in 2007, a 16.2% decline (Figure 2). The number of people seeking treatment in State-supported facilities for primary problems with cocaine decreased substantially in 2008 to 4,432, a decline of 20.7%.

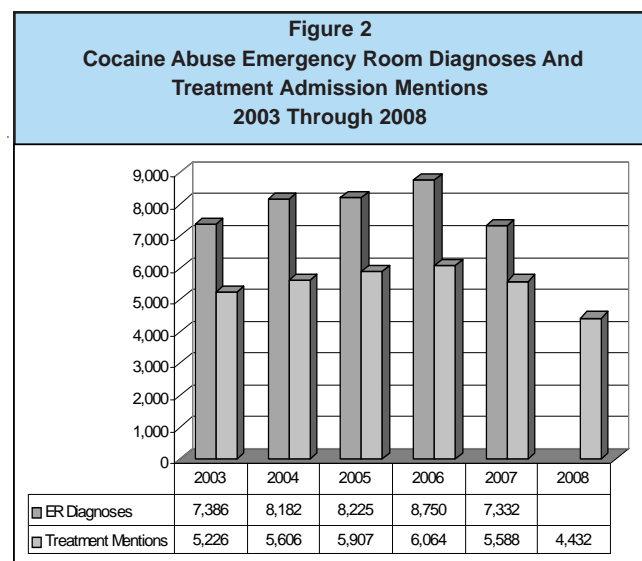
A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2007. Cocaine use

was found to be proportionately greater in large urban MSAs. The greatest proportion of cocaine mentions of all illicit drug mentions in hospital admissions was in the St. Louis MSA counties (41.4%) followed by Columbia MSA counties (36.9%). Kansas City MSA counties had the next greatest proportion of cocaine mentions (32.8%), followed by Non-MSA (15.1%), St. Joseph MSA (12.4%), Springfield MSA (12.0%), and Joplin MSA (9.9%) counties.

An analysis was conducted of methods used to ingest cocaine by clients receiving drug abuse treatment in 2008 at State-supported facilities. Of the 4,432 clients with a cocaine problem in 2008, 80.6% smoked cocaine, 10.0% inhaled it, 3.3% ingested it orally, and 3.0% injected it. Because crack cocaine is typically smoked, these proportions suggest the most common form of cocaine used by clients in treatment was crack cocaine.

A statewide survey conducted by the DESE indicates cocaine is used by a significant proportion of youth. The proportion of Missouri high school seniors who used cocaine in the past 30 days remained at 2.0% from 1993 to 1995 (Table 4). In 1999, the proportion raised significantly to 7.0%, but in 2001 and 2003 it decreased back to 2.0%. The proportion of high school seniors who used cocaine in the past 30 days increased to 3.6% in 2007.

Table 3 Mentions Of Cocaine In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008		
Gender		
Male		60.1%
Female		39.9%
Race		
Caucasian		39.9%
African American		57.9%
American Indian		0.4%
Other		1.8%
Age Group		
16 Years & Younger		0.6%
17 Years & Older		99.4%



Methamphetamine

Methamphetamine and amphetamines are frequently abused drugs in Missouri. A total of 24,776 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to in-state hospitals for medical treatment in 2007. In the diagnosis of 2,976 patients, methamphetamine and amphetamines were mentioned as a factor. Of all illicit drugs diagnosed in 2007, methamphetamine and amphetamines accounted for 12.0% of the total. These drugs were the fourth most diagnosed drugs associated with statewide hospital admissions in 2007.

Methamphetamine and amphetamines were a contributing factor for people seeking treatment for illicit drug use. A total of 30,605 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2008. A total of 23,497 primary drug mentions were made by these clients. Methamphetamine and amphetamines contributed to the drug abuse problem of 3,756 clients, or 16.0% of all primary drug mentions.

Of the 3,756 clients in treatment programs with methamphetamine or amphetamine problems, 59.3% were male and 40.7% were female (Table 5). Indications are methamphetamine and amphetamines are disproportionately used by Missouri's Caucasian adult population. Of the total clients, 96.4% were Caucasian, 1.9% were African American, and 1.8% were other races. Clients ages of 17 years and older accounted for 98.7% of all clients.

The average age of people seeking drug treatment for methamphetamine and amphetamine abuse in 2008 compared closely to the average age of clients receiving treatment for other illicit drugs. The average age of clients receiving treatment for illicit drugs in 2008 was 30.9 years. The average age of the

3,756 clients with a methamphetamine or amphetamine problem was 32.5 years. Also, clients with a methamphetamine or amphetamine problem first used them at a slightly older age than clients first used any illicit drugs. The average age of clients' first use of methamphetamine or amphetamines is 22.0 years compared to 19.9 years for clients' first use of any illicit drug.

A statewide drug prevalence survey conducted by the DPS indicates methamphetamine is a significantly abused illegal drug. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 12.8% know they use or sell methamphetamine. This survey also indicates methamphetamine use is perceived to pose a great risk, or great risk physically or in other ways. Of the respondents, 99.0% believe regular methamphetamine use poses a great risk to users.

Methamphetamine and amphetamine use appears to be decreasing. The number of persons admitted to hospitals diagnosed with methamphetamine or amphetamines as a contributing factor rose from 3,610 in 2004 to 4,055 in 2005, an increase of 12.3% (Figure 3). However, in the next two years there was a decline of this use, and from 2006 (3,021) to 2007 (2,976) there was a 1.5% decrease. The number of persons seeking primary drug treatment in State-supported facilities also indicates a decrease in the use of methamphetamine and amphetamines in recent years. From 2004 to 2005, the number of persons admitted to State-supported facilities for treatment rose from 4,318 to 5,229, a 21.1% increase (Figure 3). In 2006, the number decreased to 4,630, a decline

Table 4 Proportion Of Missouri High School Seniors Who Used Cocaine In Past 30 Days 1993 Through 2007	
1993	2.0%
1995	2.0%
1997	4.0%
1999	7.0%
2001	2.0%
2003	2.0%
2005	2.1%
2007	3.6%

Table 5 Mentions Of Methamphetamine In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008		
Gender	Male	59.3%
	Female	40.7%
Race	Caucasian	96.4%
	African American	1.9%
	American Indian	0.6%
	Other	1.2%
Age Group	16 Years & Younger	1.3%
	17 Years & Older	98.7%

of 11.5%. In 2007, persons admitted to State-supported facilities again declined to 4,363, a decrease of 5.8%. The number of persons seeking drug treatment in 2008 for methamphetamine and amphetamines was 3,756, a decrease of 13.9%.

A regional analysis was conducted based on inpatients and outpatients obtaining treatment for drug abuse at Missouri hospitals in 2007. The greatest number of methamphetamine mentions given in hospital admissions in 2007 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. Joplin MSA patients sought treatment for methamphetamine most often (32.7%). Patients in St. Joseph MSA counties were next (19.5%), followed by patients in Springfield MSA (17.6%), Kansas City MSA (16.8%), Non-MSA (16.0%), Columbia MSA (7.8%), and St. Louis MSA (4.1%) counties.

An analysis was conducted of methods used to ingest methamphetamine and amphetamines by clients receiving drug abuse treatment in 2008 at State-supported facilities. Of the 3,756 clients having a problem with these drugs, 46.7% smoked methamphetamine or amphetamines, 36.8% injected the drugs, 8.4% inhaled them, 5.0% took the methamphetamine or amphetamines orally, and 3.1% used other ingestion methods.

A statewide survey conducted in 2005 by the DESE indicates 9.5% of Missouri high school seniors have used methamphetamine one or more times during their life.

Heroin / Opiates

Heroin and opiate use is a significant problem in Missouri. In 2007, a total of 24,776 illicit drug mentions were recorded by the DHSS during hospital admissions of Missouri residents for medical treatment. In the diagnosis of 24,776 patients, heroin and opiates were mentioned as factors, and of all illicit drugs diagnosed in 2007, heroin and opiates accounted for 34.2%. These drugs were the most diagnosed drugs associated with statewide hospital admissions in that year.

Heroin and opiates also were a significant contributing factor for people seeking treatment for illicit drug use. A total of 30,605 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2008. A total of 23,497 primary drug mentions were made by these clients. Heroin and opiates contributed to the drug abuse problem of 3,481 clients, or 14.8% of all primary drug mentions (Table 6). Of the 3,481 clients in treatment programs with a heroin or opiate problem, 56.7% were male and 43.3% were female. In addition, 72.7% were Caucasian, 25.7% were African American, and 1.6% were American Indian or another race. Clients ages of 17 years and older accounted for 98.6% of all clients while those 16 years or younger accounted for 1.4% of all clients.

The average age of clients receiving treatment for illicit drugs in 2008 was 31.0 years compared to 31.5 for the 3,481 clients with a heroin or opiate problem. Clients with a heroin or opiate problem first used it at an older age than clients first used other illicit drugs. The average age of clients' first use of heroin or opiates is 23.2 years compared to 19.9 years for clients' first use of any illicit drug.

A statewide survey of drug use prevalence conducted by the DPS indicates heroin is a significantly abused illegal drug. Of the survey respondents who have a friend, relative, or acquaintance who uses or sells any illegal drugs, 4.4% know they use or sell heroin. The survey also indicates heroin use is perceived to pose a great risk, physical or otherwise, to users. Of the respondents, 96.5% believe regular heroin use poses a great risk to users.

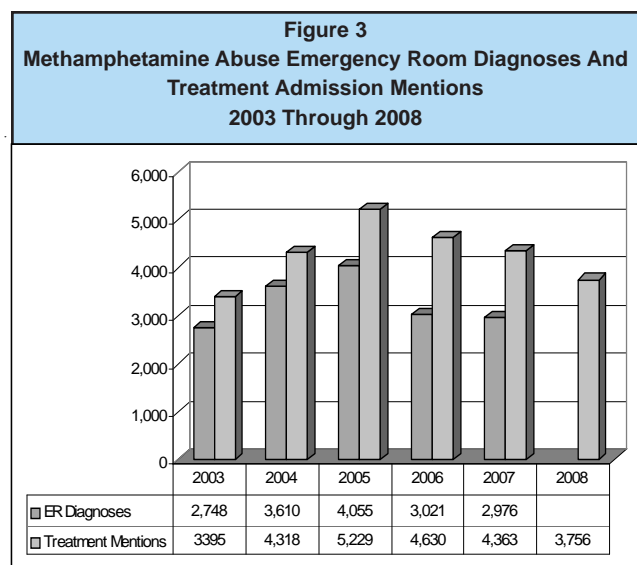
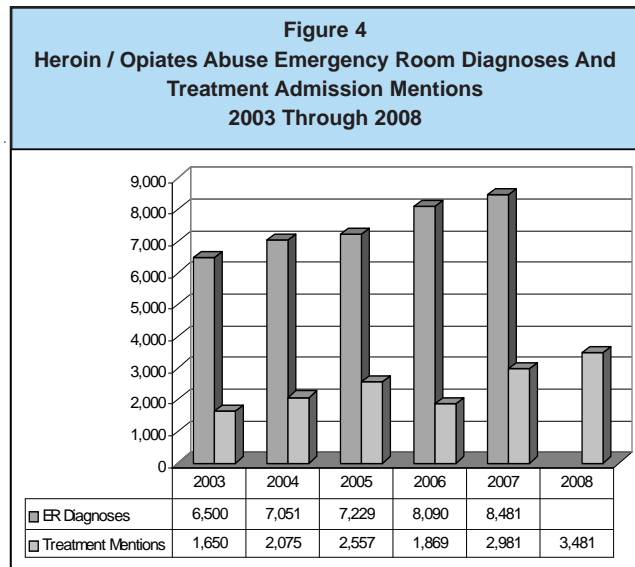


Table 6 Mentions Of Heroin / Opiates In Drug Treatment Admissions By Demographic Characteristics Of Clients 2008		
Gender		
Male		56.7%
Female		43.3%
Race		
Caucasian		72.7%
African American		25.7%
American Indian		0.3%
Other		1.3%
Age Group		
16 Years & Younger		1.4%
17 Years & Older		98.6%



When examining trends in heroin and opiate use, it is apparent that use of these drugs has increased in recent years. The number of persons admitted to hospitals diagnosed with heroin or opiates as a contributing factor increased from 6,500 in 2003 to 7,051 in 2004, an 8.5% increase (Figure 4). In 2005, the number of mentions rose to 7,229, an increase of 2.5% compared to 2004, followed by another increase of 4.8% in 2007. The number of persons receiving treatment in State-supported facilities for primary problems with heroin and opiates increased from 2,075 in 2004 to 2,557 in 2005, a 23.2% increase. In 2006, the number of admissions declined to 1,869, a 26.9% decrease over the previous year. In 2007, admissions rose significantly to 2,981 a substantial 59.5% increase. An increase of 16.7% occurred in 2008 when admissions rose to 3,481.

A regional analysis was conducted for persons obtaining illicit drug abuse treatment in 2007 at Missouri hospitals. The greatest number of heroin / opiate mentions given in hospital admissions in 2007 was found to be disproportionately greater in rural Non-MSAs and smaller, urban MSAs. Springfield MSA patients mentioned heroin / opiates most often (45.8%). Patients in Non-MSA counties were next (40.1%), followed by St. Louis MSA (33.9%), Columbia MSA (31.1%), Joplin MSA (28.7%), St. Joseph MSA (27.8%) and Kansas City MSA (27.0%) counties.

An analysis was conducted of heroin and opiates consumption methods used by clients receiving drug abuse treatment in 2008 at State-supported facilities.

Of the 3,481 clients having a problem with these drugs, 44.3% injected heroin or opiates, 27.7% took the drugs orally, 19.7% inhaled heroin or opiates, 4.7% sniffed the drugs, 2.1% smoked them, and 1.5% used other ingestion methods.

A statewide survey conducted in 2005 by the DESE indicates a small but significant number of Missouri high school seniors have used heroin one or more times during their life. In 1999, 2.0% of seniors had used heroin, followed by an increase in 2001 to 3.7%. The proportion of seniors who used heroin declined to 1.0% in 2003 but increased again to 3.1% in 2005.

Hallucinogens

Hallucinogens are abused to a lesser extent in Missouri than other illicit drugs discussed in this section. In 2007, a total of 24,776 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals. In the diagnosis of 135 patients, hallucinogens were mentioned as a factor. Of all illicit drugs diagnosed in 2007, hallucinogens accounted for 0.5% of the total. These drugs were the least diagnosed drugs associated with statewide hospital admissions.

Hallucinogens were a minor contributing factor for people seeking treatment for illicit drug use compared to other drugs. A total of 30,605 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2008. A total of 23,497 primary drug mentions were made by these clients.

Hallucinogens contributed to the drug abuse problem of 473 clients, or 2.0% of all primary drug mentions. Of the 473 clients in treatment programs with a hallucinogen problem, 60.0% were male and 40.0% were female (Table 7). In addition, 55.2% were Caucasian and 43.8% were African American. Clients ages of 17 years and older accounted for 96.8% of all clients while those 16 years or younger accounted for 3.2%.

The average age of clients receiving treatment for illicit drugs in 2008 was 30.9 years while the average age of the 473 clients with a hallucinogen problem was 30.5 year. The average age of clients' first use of hallucinogens was 22.9 years compared to the average age of clients' first use of other drugs was 19.9 years.

The number of persons admitted to hospitals diagnosed with hallucinogens as a contributing factor decreased from 129 in 2003 to 102 in 2004, a decrease of 20.9% (Figure 5). In 2005, the number of mentions decreased to 85, a 16.7% decline. This was followed by an increase of hallucinogen mentions in 2006 (104) and 2007 (135). The number of persons admitted to State-supported facilities for treatment of primary problems with hallucinogens began an upward swing in 2006 when 9.8% increase occurred. This was followed by a 12.8% increase in 2007 and a 133% increase in 2008.

A regional analysis was conducted based on persons admitted to hospitals for illicit drug problems in 2005. The number of hallucinogen mentions given in hospital admissions in 2005 was found to be the same in smaller or larger urban MSAs and Non-MSAs. All MSAs recorded less than 1% of all patients admitted to hospitals for mentions of hallucinogens.

An analysis was conducted based on how hallucinogens were ingested by clients receiving drug abuse treatment in 2008 at State-supported facilities. Of the 473 clients having a problem with these drugs, 57.5% orally ingested them, 39.7% smoked hallucinogens, 1.5% injected them, 0.6% inhaled them, and 0.7% administered them by other means.

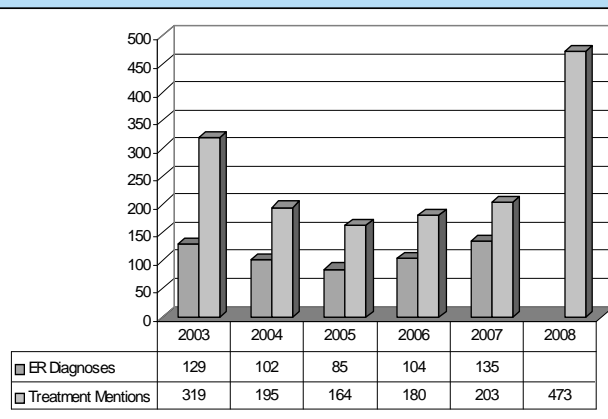
Other Illicit Drugs

Other specific illicit drugs are abused to a lesser extent in Missouri than those previously discussed. This general group includes inhalants, sedatives including barbiturates, and tranquilizers including benzodiazepines. In 2007, a total of 24,776 illicit drug mentions were recorded by the DHSS during admissions of Missouri residents to instate hospitals. In the diagnosis of 959 patients, drugs in this group were mentioned as a factor. Of all illicit drugs diagnosed in 2007, these accounted for 3.9% of the total. Barbiturates were mentioned as a factor in the diagnosis of 502 patients, or 2.3%, of all recorded illicit drug mentions.

Table 7
Mentions Of Hallucinogens In Drug Treatment Admissions
By Demographic Characteristics Of Clients
2008

Gender		
Male		60.0%
Female		40.0%
Race		
Caucasian		55.2%
African American		43.8%
American Indian		0.0%
Other		1.0%
Age Group		
16 Years & Younger		3.2%
17 Years & Older		96.8%

Figure 5
Hallucinogens Abuse Emergency Room Diagnoses And
Treatment Admission Mentions
2003 Through 2008

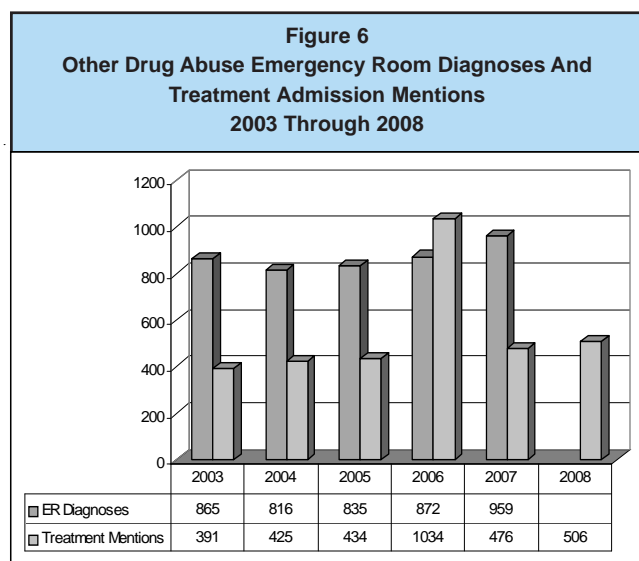


Drugs in this general group were a minor contributing factor for people seeking treatment for illicit drug use compared to other illicit drugs. A total of 30,605 clients were admitted for use of one or more illicit drugs to State-supported facilities in 2008. A total of 23,497 primary drug mentions were made by these clients. These drugs contributed to the abuse problem of 434 clients, or 1.7% of all primary drug mentions.

The number of persons admitted to hospitals diagnosed with illicit drugs as a contributing factor rose from 816 in 2004 to 835 in 2005, a 2.3% increase (Figure 6). Diagnoses of other illicit drugs rose again in 2006 to 872, and again in 2007 to 959 persons, an increase of 10.0%. The number of persons seeking treatment in State-supported facilities for primary problems with these drugs increased from 425 in 2004 to 434 in 2005, a 2.1% rise. In 2006, the number substantially rose to 1,034, a 138.2% increase. The number of persons seeking treatment in 2007 decreased 54.0% to 476. In 2008, persons seeking treatment increased to 506, a rise of 6.3%.

The greatest number of other drug mentions given in hospital admissions in 2007 was found to be disproportionately greater in small MSAs and Non-MSAs. Patients in St. Joseph MSA counties mentioned other drugs most often (11.6%). This was followed by Springfield MSA patients (7.9%), Columbia MSA (5.3%), Non-MSA and Joplin MSA (5.0% each), Kansas City MSA (3.4%), and St. Louis MSA (2.4%) counties.

A statewide survey conducted in 2005 by the Missouri Department of Elementary and Secondary Education indicated of all high school seniors, 8.6% had used ecstasy, 3.8% had used illicit steroids, and 11.2% had used inhalants at least once in their lifetime.



IMPACT OF ILLICIT DRUG USE

Illicit drug use has a major impact on Missouri's criminal justice system. The enactment of legal sanctions for use of illicit drugs is one of the primary ways society attempts to control and reduce this problem. A substantial amount of resources and effort has been expended by the criminal justice system in detection, apprehension, conviction, and incarceration of illicit drug abusers as well as those associated with illicit drug industries. Illicit drug use also has an impact on the health care system, including hospitals and treatment centers in the State. Serious diseases and complications also can result from drug use including hepatitis, AIDS, and birth defects.

Criminal Justice System

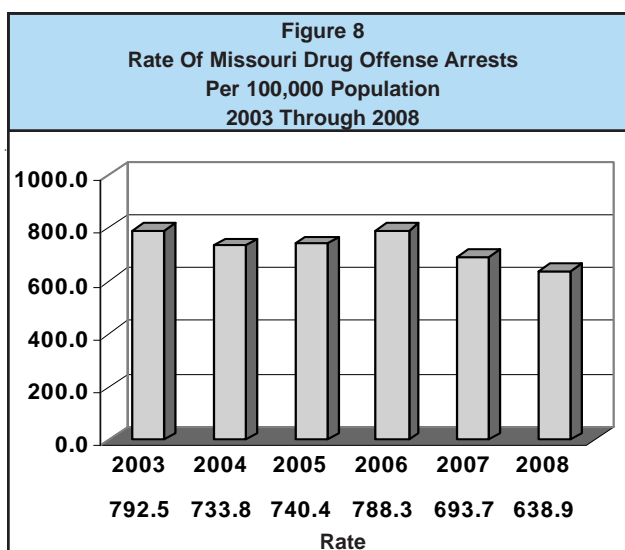
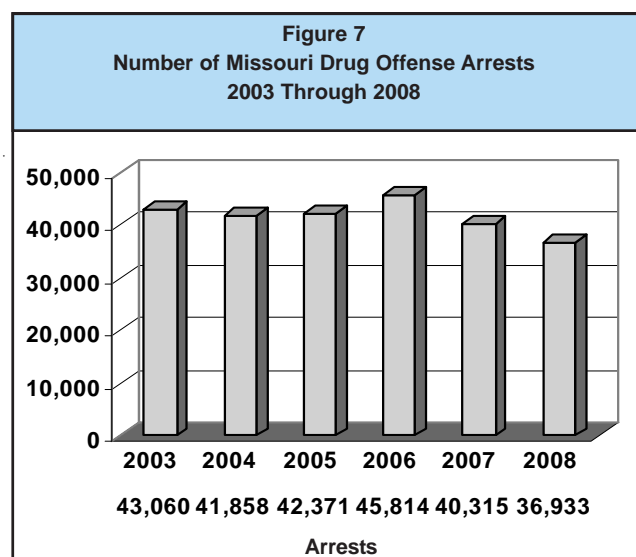
From 2003 through 2005 drug arrests decreased in the State. This trend reversed in 2006 and drug arrests rose to 45,814, an increase of 8.1% from 2005 (Figure 7). The years 2007 and 2008 recorded decreased arrest trends. In 2003 and 2004, the drug arrest rate decreased to 792.5 (0.8%) and 733.8 (7.4%), respectively (Figure 8). In 2005, the drug arrest rate increased slightly to 740.4 per 100,000 populations, a 0.9% increase from the previous year. The arrest rates decreased in 2007 (693.7) and 2008 (638.9) from the 2006 arrest rate (788.3).

The number of possession and sale / manufacture drug arrests made by law enforcement agencies is

indicative of the demand for illicit drugs. In 2008, 36,933 drug arrests were made by Missouri law enforcement agencies. Of these arrests, 31,151, or 84.3%, were for drug possession. Another 5,782 arrests (15.7%) were for sale or manufacture of drugs.

To support drug enforcement by the criminal justice system, a substantial number of cases processed by Missouri crime laboratories were tests to identify illicit drugs. An analysis of cases processed by Missouri crime laboratories identifies what proportion of their case load resulted in detection of illicit drugs. In 2008, 26,466 cases were processed in fourteen State crime laboratories. Of these cases, 95.3% resulted in detection of one or more illicit drugs. In 4.7% of the cases, no tests were made for illicit drugs or, if tests for illicit drugs were performed, none were found. Illicit drug case loads processed by Missouri crime laboratories have fluctuated over the past few years. Crime laboratory cases with identified illicit drugs decreased 9.8% from 2002 to 2003, increased 4.5% in 2004, and again decreased in 2005 by 1.0% (Figure 9). From 2006 through 2008 processed cases have continually declined.

In 2008, 28,609 drug mentions were made in the 25,235 crime laboratory cases which resulted in detection of one or more illicit drugs. Marijuana was the most frequent drug type mentioned, accounting



for 39.7% of the total mentions (Figure 10). The next most frequently mentioned was cocaine / crack (21.6%), followed by methamphetamine (15.0%).

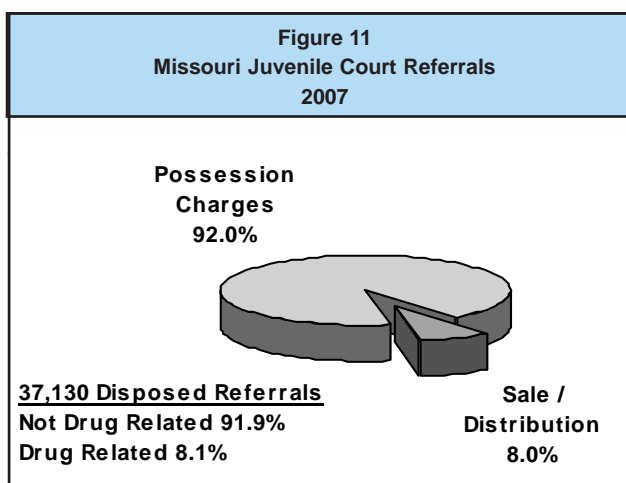
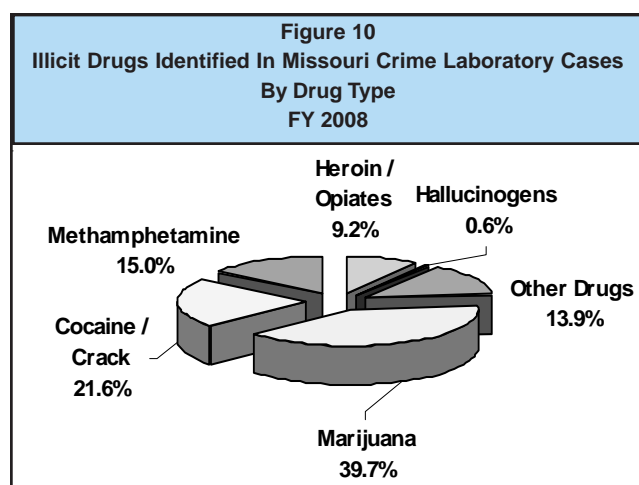
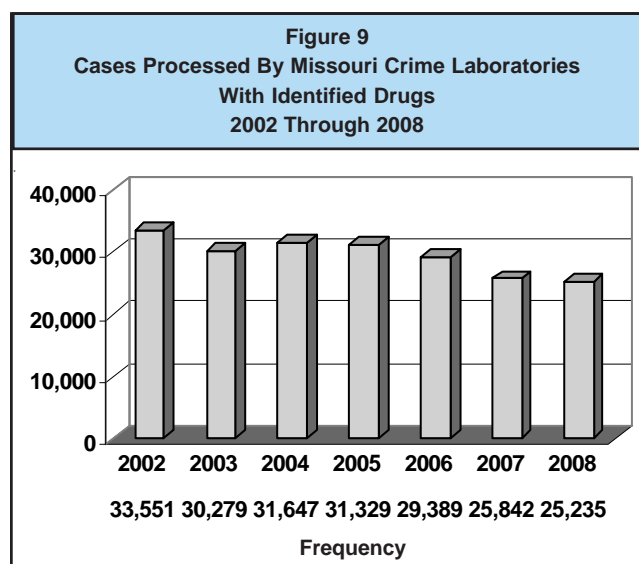
Youth involvement with drugs is a serious problem for Missouri's juvenile justice system. Using data from the Juvenile Court Referral Information System, an analysis was conducted for juveniles receiving a final court referral disposition. Of the 37,130 disposed referrals in 2007, dangerous drug violations were associated with 2,976, or 8.1% (Figure 11). Of these dangerous drug law violation referrals, 92.0% were associated with possession of dangerous drugs and 8.0% were related to sale and distribution. It is assumed the majority of dangerous drug possession cases involve drug users rather than nonusers participating in the illicit drug industry.

Since 2001, dangerous drug referrals handled by the Missouri juvenile court system have fluctuated. In

2002, referrals decreased by 5.7% compared to 2001 (Figure 12). In 2003, the number of juvenile dangerous drug referrals declined to 3,279, a decrease of 3.4% from 2002. In 2004, referrals increased to 3,347, an increase of 2.1%. The number of 2005 juvenile dangerous drug referrals decreased to 7.9%. There was a slight increase in drug referrals in 2006, a rise to 2.5%. Then in 2007 a decline occurred to 5.7%.

One of the most severe sanctions society can impose on illicit drug users and illicit drug industry law violators convicted of such offenses is incarceration. In Missouri, a substantial amount of State penal institutions' resources and facilities have been devoted to incarcerating drug law violators. Of the 9,327 custody clients in 2008, 27.4% were incarcerated as a result of being convicted on one or more drug law violations. An examination of trends associated with incarcerating drug law violators indicates an increase (9.2%) of these clients from 2004 to 2005, followed by a substantial increase of 84.2% in 2006 (Figure 13). Drug law violators decreased by 6.6% in 2007 and by 58.4% in 2008.

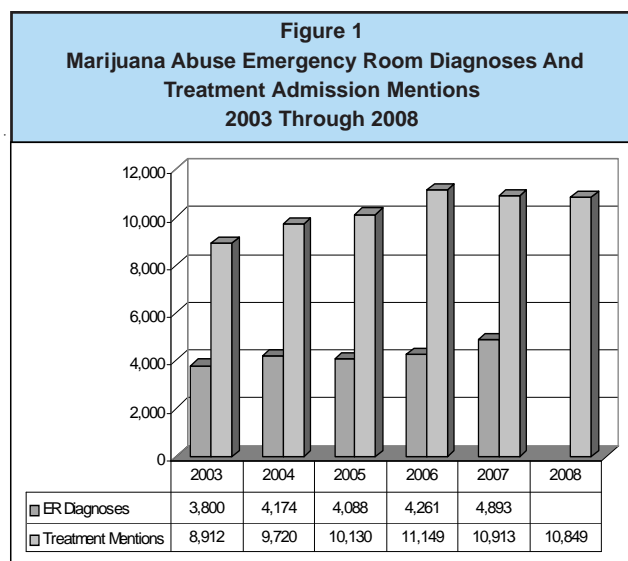
There are definite links between illicit drug use and other types of criminal behavior. In 2002, a survey was conducted by the Bureau of Justice Statistics of local jail inmates. Of all jail inmates, 68.7% stated they had used drugs at least once a week for at least a month, and 82.2% indicated they had used drugs at least once in their lifetime. Additionally, 28.8% of convicted jail inmates indicated they were under the influence of drugs at the time of their arrest offense. The most serious offense committed by 43.2% of convicted inmates was a drug offense, 32.5% was a property crime, and 21.8% was a violent crime.



Trend analyses were conducted identifying patterns of marijuana use in the State over the past several years. The number of persons admitted to hospitals diagnosed with marijuana as a contributing factor has steadily increased since 2005. Marijuana mentions increased from 3,800 in 2003 to 4,174 in 2004, but slightly decreased to 4,088 in 2005 (Figure 1). Marijuana mentions have risen since 2005 and a 14.8% increase occurred from 2006 to 2007. An examination of trends of persons seeking treatment in State-supported facilities for primary problems with marijuana indicate use of this drug increased from 2003 through 2006. However, in 2007 there was a 2.1% decrease from 2006. The number of persons admitted for treatment in 2008 decreased 0.6%.

A regional analysis was conducted based on hospital inpatients and outpatients receiving treatment for drug abuse in 2007. The greatest number of marijuana mentions given in hospital admissions in 2007 was found to be disproportionately greater in smaller, urban MSAs and Non-MSAs. St. Joseph MSA patients mentioned marijuana most (28.4%). Patients in Joplin MSA counties were next (23.5%), followed by Non-MSA (23.3%) Kansas City MSA (19.0%), St. Louis MSA (17.9%), Columbia (17.0%) and Springfield MSA (16.7%) counties.

A statewide survey conducted by the DESE substantiates marijuana use by youth. This survey indicated the proportion of Missouri high school seniors who used marijuana in the past 30 days declined from the high of 28% in 1997 to 18% in 2005 but increased again in 2007 to 19.0% (Table 2).



Cocaine

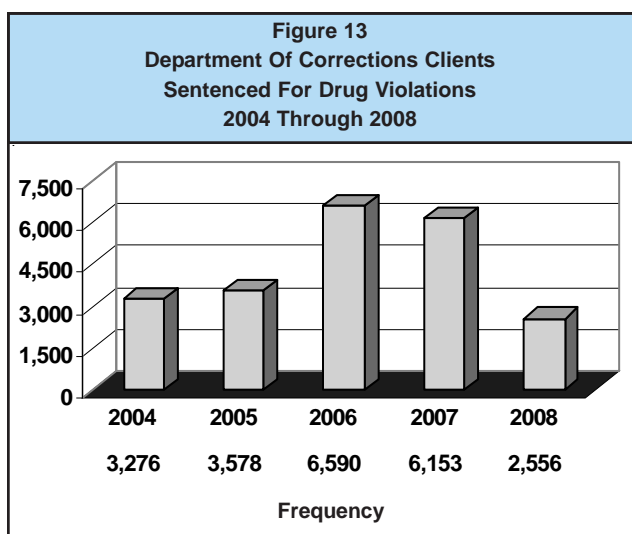
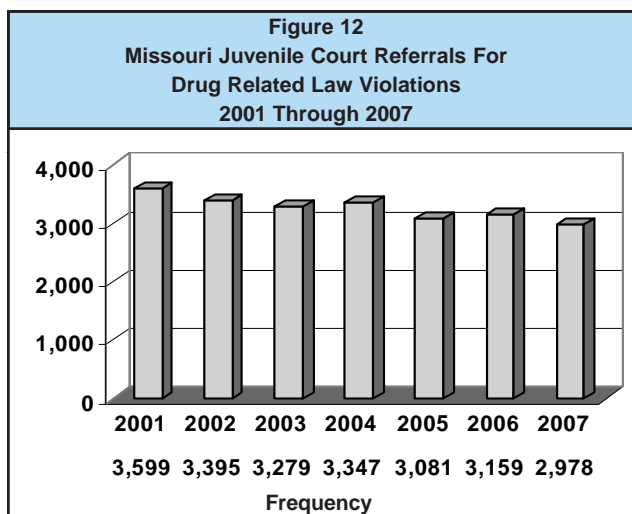
Cocaine is an abundantly abused drug in Missouri. In 2007, the DHSS recorded 24,776 illicit drug mentions during medical treatment admissions of Missouri residents to instate hospitals. In the diagnosis of 7,332 patients, cocaine was mentioned as a factor. Of all illicit drugs diagnosed in 2007, cocaine accounted for 29.6% of the total. It was the second most diagnosed drug associated with statewide hospital admissions in 2007.

Cocaine was a contributing factor for a substantial number of persons seeking treatment for illicit drug abuse and dependency. In 2008, 30,605 clients were admitted to State-supported facilities for use of one or more illicit drugs. A total of 23,497 primary drug mentions were made by these clients. Cocaine was indicated by 4,432 clients as a contributor to their drug abuse problem. As a result, cocaine accounted for 18.9% of all primary drug mentions, second only to marijuana.

A disproportionately high number of females used cocaine compared to other major types of illicit drugs. In 2008, over one-third (39.9%) of the 4,432 clients having a cocaine dependency problem admitted to State-supported treatment programs were female (Table 3). Cocaine is used heavily in the African American community. Of the 4,432 clients, 57.9% were African American while 39.9% were Caucasian. Nearly all clients were 17 years of age or older (99.4%). Only 0.6% were 16 years of age or younger.

Compared to other illicit drugs, cocaine is a drug of choice by older adults in Missouri. For the 4,432 clients with a cocaine problem, the average age of clients receiving treatment for illicit drugs in 2005

Table 2 Proportion Of Missouri High School Seniors Who Used Marijuana In Past 30 Days 1995 Through 2007	
1995	22.0%
1997	28.0%
1999	26.0%
2001	24.0%
2003	22.0%
2005	18.0%
2007	19.0%



Health Care System

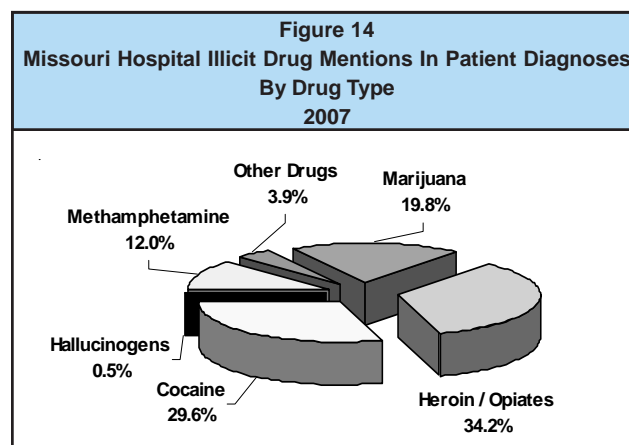
In many cases, illicit drug use results in adverse physical and psychological reactions causing the person to require medical treatment. To identify the impact on health care in Missouri, an analysis was conducted of data describing hospital admissions for illicit drug diagnoses. Of the 24,776 illicit drug mention given in hospital admission diagnoses in 2007, heroin / opiate were most frequently mentioned and accounted for 34.2% of the total mentions (Figure 14). The next most frequently mentioned illicit drugs were cocaine (29.6%), marijuana (19.8%), and methamphetamine and amphetamines (12.0%).

To identify trends of the impact the State's health care system, an analysis was conducted on these same data. In 2003, 21,428 drug mentions were

made and in 2004, 23,935 illicit drug mentions were made, a 11.7% increase from the previous year (Figure 15). In 2005 and 2006 mentions rose but decreased 1.3% from 2006 to 2007.

Over time, drug dependency tends to impair users psychological well-being, adversely affects their interpersonal relationships, and dramatically reduces their ability to function as productive members of society. During 2008, 47 state-supported agencies operated approximately 217 treatment sites located throughout Missouri with programs designed to assist individuals break their cycle of drug dependency . In addition, a number of private institutions in the State provide similar types of programs. All State-supported programs treat persons having dependencies on alcohol, other legal drugs, and illicit drugs. In some cases, the individual may be dependent on more than one type of drug.

Certain types of illicit drug ingestion practices cause life threatening consequences to the drug abuser as well as other people they come in contact with. The intravenous injection of illicit drugs is a way HIV and AIDS are transmitted as well as a number of other serious diseases, such as hepatitis. During 2007, 418 AIDS cases and 302 HIV cases were diagnosed in Missouri where intravenous drug use was suspected as the primary means of infection (Table 8). Another 405 AIDS cases and 220 HIV cases were diagnosed involving both male homosexual activity and drug use via injection. In these instances, intravenous drug use was one of two suspected means of infection.



There also have been serious indirect consequences resulting from the spread of HIV and AIDS through the intravenous use of illicit drugs. A substantial number of women and young men support their illicit drug habits through prostitution. When these persons contract HIV / AIDS through intravenous drug use, they transmit the disease to numerous sex partners they come in contact with. Sexual contact is another way this deadly disease is transmitted. In addition, a number of infected drug dealers who also are intravenous drug users frequently transmit the HIV virus. Persons come to them to acquire drugs and, rather than use money to obtain them, provide them with sexual favors.

Figure 15
Diagnoses Of Illicit Drug Abuse In
Missouri Hospital Emergency Room Admissions
2003 Through 2007

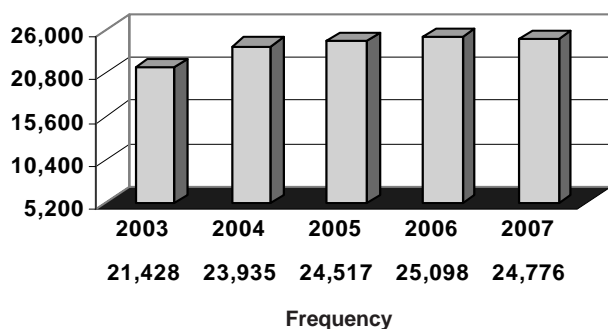


Table 8
HIV / AIDS Cases Contracted By Intravenous Drug Use
2001 Through 2007

Year	IV Drug Use Cases		Homosexual IV Drug Use Cases	
	HIV	AIDS	HIV	AIDS
2001	392	680	265	794
2002	418	739	287	830
2003	422	762	264	844
2004	314	374	209	379
2005	316	390	209	395
2006	315	405	217	399
2007	302	418	220	405

ILLICIT DRUG INDUSTRY IN MISSOURI

Missouri has a substantial illicit drug industry. It not only supports illicit drug users in the State, but also involves exportation and distribution of illicit drugs on an interstate basis. A variety of data sources were used to assess Missouri's drug industries. Reliance was placed on existing law enforcement arrest and illicit drug activity information systems and quarterly program progress reports. Published federal and state law enforcement agency reports describing State illicit drug industries and results of a drug industry profile survey sent to MJTF also were used.

Illicit drug industries involve manufacturing, cultivating, distributing, and marketing. Of the twenty-six multi-jurisdictional drug task force (MJTF) contacts that responded to a drug industry survey, all stated these industries are a moderate or major problem in Missouri (Table 9). The most problematic drug industry identified in the survey is marijuana point-of-sale. The next two most problematic are methamphetamine production and interstate drug distribution / trafficking. Hallucinogen point-of-sale is the least most problematic drug industry in the State.

Specific industries in Missouri are discussed in this section, including marijuana cultivation; clandestine methamphetamine labs; interstate illicit drug distribution trafficking; and distribution / point-of-sale illicit drug trafficking.

Marijuana Cultivation

According to the 2007 National Survey on Drug Use & Health¹⁷ marijuana was used by 14.4 million persons in the past month, the most use of any illicit drug. The term marijuana refers to the leaves and flowering buds of cannabis sativa, commonly known as the hemp plant. This plant contains cannabinoids (THC) that are responsible for the psychoactive effects of cannabis. Several varieties of marijuana are grown in Missouri for commercial use. A substantial amount of marijuana, known as ditchweed or volunteer, grows wild in the State. These wild patches are harvested as opportunity presents itself. Normally, wild marijuana has relatively low THC levels and is not extremely potent. A number of trafficking groups operating outside the harvest area purchase or harvest wild marijuana and use it to dilute more potent varieties of the plant they are marketing.

Cultivated marijuana is intentionally planted, cultivated, and harvested. Both male and female marijuana plants are grown to maturity and allowed to pollinate. This variety contains moderate levels THC and is considered fairly potent. Marijuana varies significantly in its potency, depending on the source and selection of plants. The form of marijuana known as sinsemilla is planted, cultivated, and harvested but as part of the cultivation process, male

Table 9
Seriousness Of Specific Illicit Drug Industries In Missouri
As Perceived By Multi-Jurisdictional Drug Task Forces
2008

Drug Industry	Major Problem	Moderate Problem	Minor Problem	No Problem
Marijuana Cultivation	11.5%	69.2%	19.2%	0.0%
Methamphetamine Production	65.4%	30.8%	3.8%	0.0%
Interstate Drug Distribution / Trafficking	53.8%	42.3%	3.8%	0.0%
Point-Of-Sale Distribution				
Marijuana	80.8%	19.2%	0.0%	0.0%
Cocaine / Crack Cocaine	42.3%	46.2%	11.5%	0.0%
Methamphetamine	73.1%	15.4%	11.5%	0.0%
Heroin / Opiates	16.0%	28.0%	44.0%	2.0%
Hallucinogens	4.2%	16.7%	70.8%	8.3%
Ecstasy / Designer Drugs	11.5%	42.3%	42.3%	3.8%
Illicit Pharmaceutical Drugs	50.0%	38.5%	11.5%	0.0%
Crack Cocaine Processing	38.5%	30.8%	26.9%	3.8%

plants are pulled from the patch when they start to mature. As a result, female plants are unable to pollinate and their THC levels dramatically increase. This type of plant is considered very potent and is in high demand. The cultivation of sinsemilla is associated with both outside and inside operations but is the predominant variety grown indoors. In 1974, the average THC content of illicit marijuana was less than one percent. In 2002, the average THC level was more than 6 percent. Sinsemilla potency increased in the past two decades from 6 percent to more than 13 percent, and some samples contained THC levels of up to 33 percent.

Production of both cultivated and sinsemilla marijuana has fluctuated in Missouri during the past several years. In 2006, a total of 6,011 cultivated marijuana plants were destroyed by multi-jurisdictional drug task forces (Table 10). Since that year, the number of destroyed cultivated plants has decreased and in 2008, 2,429 cultivated plants were eradicated. Generally, few sinsemilla plants are eradicated by MJTF. But, in 2003, 1,318 sinsemilla plants were destroyed.

Multi-jurisdictional drug task force data suggest this industry impacts all MSAs. Analyses of Fiscal Year 2008 Byrne / JAG program progress reports indicate marijuana cultivation is more common in St. Louis MSA counties where multi-jurisdictional drug task forces eradicated 6,156.60 ounces of cultivated marijuana, 922 cultivated plants, 72 wild plants, and 337 sinsemilla plants. By comparison, MJTF in other large MSA counties including the Kansas City region

eradicated 961 ounces of cultivated marijuana, 293 cultivated plants, 1,178 wild plants, and 77 sinsemilla plants. In small and Non-MSAs during this same time frame, MJTF destroyed 3,248 ounces of cultivated marijuana, 576 cultivated plants, 2,324 wild plants, and no sinsemilla plants.

Multi-jurisdictional drug task forces were asked to submit profiles on drug industries that were major or moderate problems in their jurisdiction. Of the twenty-six responding MJTF that indicated marijuana cultivation was either a major or moderate problem in their jurisdictions, 81.0% indicated marijuana is grown indoors in their jurisdictional area and 85.7% indicated it was grown outdoors. Much of the outdoor cannabis cultivation in the United States occurs where growers can take advantage of an areas remoteness to minimize the risk of asset forfeiture. The by-products of outdoor grows can potentially contaminate waterways or destroy vegetation and wildlife habitat through the use of chemical fertilizers and pesticides or from the trash and human waste left behind at large cultivation sites. Also worth noting is the potential danger of fires that are started to clear timber or ground cover to prepare cultivation sites. Of the MJTF indicating marijuana is cultivated outdoors in their jurisdictions, 66.7% reported marijuana is grown on natural or undisturbed fields, cultivated and fallow farmland, and by river or stream banks (Table 11). Also, 61.1% reported marijuana is dispersed in existing crops and 27.8% reported marijuana is grown in government forests.

Table 10 Eradication Of Cultivated And Sinsemilla Marijuana Plants By Multi-Jurisdictional Drug Task Forces Fiscal Years 2003 Through 2008		
Year	Cultivated Plants	Sinsemilla Plants
2003	2,606	1,318
2004	1,949	51
2005	4,499	1
2006	6,011	168
2007	2,056	794
2008	2,429	414

Table 11 Location Of Outdoor And Indoor Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Outdoor Locations	
Natural / Undisturbed Fields	66.7%
Cultivated / Fallow Farmland	66.7%
River / Stream Banks	66.7%
Dispersed In Existing Crops	61.1%
Government Forest	27.8%
Along Railroad Lines	22.2%
Along Roadsides	11.1%
Other	16.7%
Indoor Locations	
Private Residences	100.0%
Garages	58.8%
Barns / Outbuildings	58.8%
Abandoned Buildings	11.1%

Potentially harmful situations are associated with indoor cultivation sites. Persons are exposed to increased risk of fire or electrocution from rewiring or electrical bypasses in grow houses. They may also be exposed to toxic molds found in grow houses due to high levels of relative humidity. Of the MJTF indicating marijuana is cultivated indoors in their jurisdictions, 100.0% stated it is grown in residences, and 58.8% indicated it is grown in barns /outbuildings and garages.

MJTF survey responses indicate marijuana is cultivated predominantly by Caucasians between the ages of 26 and 35. Of the MJTF indicating marijuana cultivation is a major or moderate problem, 85.7% indicated males were involved in this industry, 92.3% indicated Caucasians were involved, and 39.4% indicated persons aged 26 through 35 were involved (Table 12).

Of those MJTF indicating marijuana cultivation is a major or moderate problem, 38.1% indicated this industry is moderately organized (Figure 16). Another 28.6% of surveyed MJTF indicated marijuana cultivation is loosely organized or unorganized.

In general terms marijuana cultivation in Missouri is increasing to some extent. Of the MJTF indicating this industry is a major or moderate problem, 42.9% indicated the extent of industry is slightly increasing (Figure 17). Of all MJTF, only 4.8% reported gang involvement with marijuana cultivation. The sur-

veyed MJTF also indicated the only two gang types are associated with marijuana cultivation in Missouri: outlaw motorcycle gangs and ethnic / nationalist gangs.

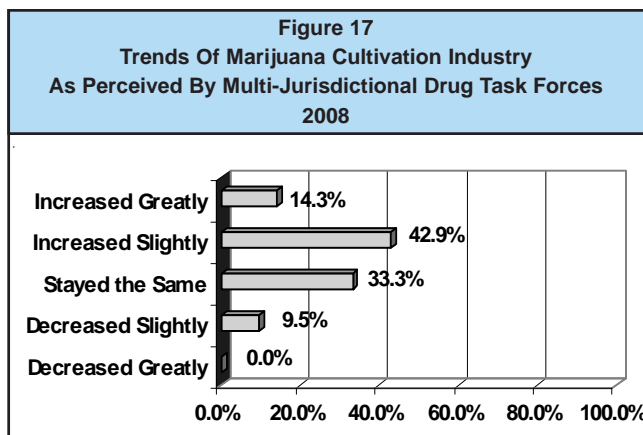
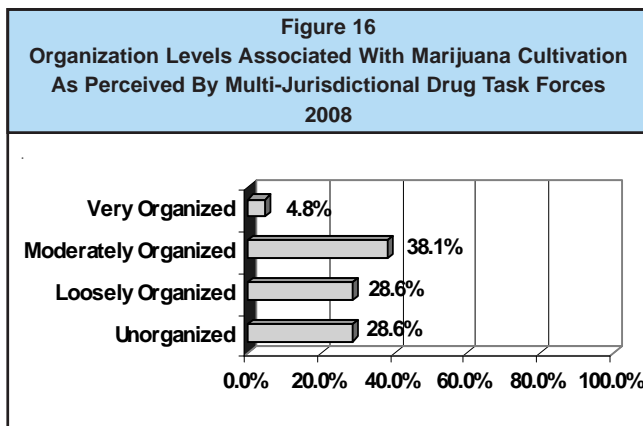


Table 12 Demographic Characteristics Of Persons Involved In Marijuana Cultivation As Perceived By Multi-Jurisdictional Drug Task Forces 2008		
Gender		
Male		85.7%
Female		0.0%
Both		14.3%
Race		
Caucasian		92.3%
African American		3.8%
Hispanic		2.9%
Asian		0.7%
Other		0.3%
Age Group		
17 & Under		0.2%
18 - 25		18.3%
26 - 35		39.4%
36 - 50		37.0%
Over 50		5.2%

Methamphetamine Clandestine Laboratories

Since the late 1990's, methamphetamine labs have created a problem for many communities across the United States. Not only is methamphetamine itself dangerous, but the methods of making methamphetamine are volatile, hazardous and toxic. The adoption of new processing methods has, no doubt, played a significant role in this increase. The following discussion of these methods was derived from NDIC publications. Five methods are typically used to produce methamphetamine in clandestine laboratories. Four of these methods involve chemical reduction of ephedrine / pseudoephedrine but use different precursor chemicals. Mexican methamphetamine trafficking organizations typically utilize hydriodic acid and red phosphorous to reduce ephedrine / pseudoephedrine. When hydriodic acid supplies are

limited, high quality methamphetamine is produced using iodine in its place. Another method, known as Hypo reduction, also uses iodine but with hypophosphorous acid in place of red phosphorous. This method is particularly dangerous due to the volatility of phosphine gas produced during the reduction process, and many times fires and explosions result. The Birch method utilizes anhydrous ammonia and sodium or lithium metal to reduce ephedrine or pseudoephedrine to produce high grade methamphetamine. This method can yield a finished product in two hours and requires no sophisticated equipment and many of the ingredients do not arouse suspicion when purchased in small quantities. The P2P is the one method of methamphetamine production that does not involve ephedrine or pseudoephedrine reduction. Rather, processing of principal chemicals including phenyl-2-propanone, aluminum, methylamine, and mercuric acid yields low quality methamphetamine. This method has been most commonly utilized by outlaw motorcycle gangs.

Threats posed by methamphetamine production equate those presented to users of this drug. In the production of methamphetamine, fire and explosion hazards typically occur due to the flammability of precursor chemicals. Environmental hazards occur as a result of improper storage or disposal of precursor chemicals in rivers, fields, and forests. Because clandestine laboratories are commonly constructed in private residences, exposure to toxic precursor chemicals can impact the health of methamphetamine cooks' family members. Communities are affected by the aftermath and vacated remains associated with these laboratories. It is estimated that every pound of methamphetamine produced results in 5 to 7 pounds of toxic waste that create a severe environmental cost. Dump site chemicals contaminate water supplies, kill livestock, destroy national forest lands, and render areas uninhabitable.

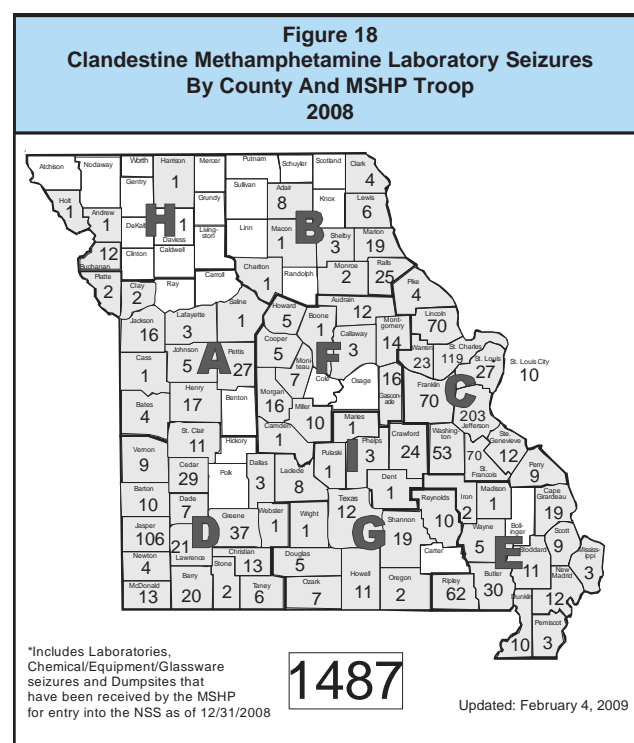
Nationally, methamphetamine clandestine laboratories are widely found throughout the Pacific, Southwest, and Central (including Missouri) regions of the country. Powdered methamphetamine is the most commonly found form although crystal methamphetamine, known as ice, is increasing in the Kansas City area.

From analyses based on multi-jurisdictional drug task force program progress reports, a substantial portion of this industry is centered in both urban and rural

MSA regions of the State. During Fiscal Year 2008, 954 clandestine methamphetamine laboratories were destroyed by multi-jurisdictional drug task forces in Missouri. Of these, 47.3% were destroyed in St. Louis MSA counties. Another 30.8% of the clandestine methamphetamine labs were destroyed in the non-MSA counties and 11.0% were destroyed in the Joplin MSA. Kansas City MSA counties accounted for 5.7% of the total destroyed clandestine methamphetamine labs, followed by Springfield MSA (4.3%), St. Joseph MSA (0.4%) and Columbia MSA (0.4%) counties.

In 2008, 1,487 methamphetamine clandestine laboratory seizures or dump sites of chemicals, equipment, or glassware were reported in Missouri. Figure 18 identifies the counties where these seizures occurred. There has been a high concentration of methamphetamine laboratory seizures in the southwest portions of the State as well as in the St. Louis area.

The number of methamphetamine clandestine laboratories seized by the statewide multi-jurisdictional drug task forces continually increased from 2002 to 2003 and again in 2005 (Figure 19). However, the growth trend in methamphetamine lab seizures reversed in 2006 when the number of seized labs decreased by 37.3%. The decline of seizures continued through 2007 but slightly increased in 2008.



An examination of Missouri crime laboratory case processing data also suggests methamphetamine manufacturing has decreased in the State over the past few years. In 2008, Missouri crime laboratories processed only 434 clandestine lab cases in which either methamphetamine final product, methamphetamine precursor chemicals, or both final product and precursor chemicals were detected (Table 13). This compares to a total of 1,307 such cases in 2002.

Most (92.0%) MJTF that perceived this industry to be a major or moderate problem indicated methamphetamine labs are found indoors although 8.0% stated they are found outdoors as well. Several outdoor and indoor locations for methamphetamine laboratories were noted by the MJTF responding to the drug industry survey. All task forces indicated methamphetamine labs are found outdoors in wooded areas and rural fields (Table 14). Other common outdoor areas indicated by MJTF as methamphetamine lab sites are vehicles, gravel roads, and

river banks / accesses. All MJTF indicated indoor methamphetamine labs are found in single family residences and apartment / condominiums. Task forces also indicated common indoor sites for methamphetamine lab sites are barns and outbuilding, garages, and abandoned buildings.

Task forces indicated participants in this industry use several methods to produce methamphetamine but most prefer the Birch reduction method. Of the MJTF indicating clandestine methamphetamine laboratories are a serious or moderate problem in their jurisdictions, 80.0% stated that Birch reduction method was the most used (Figure 20). In addition, all task forces indicated that powder methamphetamine is the most popular to produce.

In the drug industry survey, MJTF also were asked what types of precursor chemicals are used in clandestine methamphetamine laboratories seized in their jurisdictions. Of the respondents indicating this industry is a major or moderate problem, all indicated ether, camping fuels / liquid, cold capsules / ephedrine, and acids are most commonly used to produce the drug (Table 15).

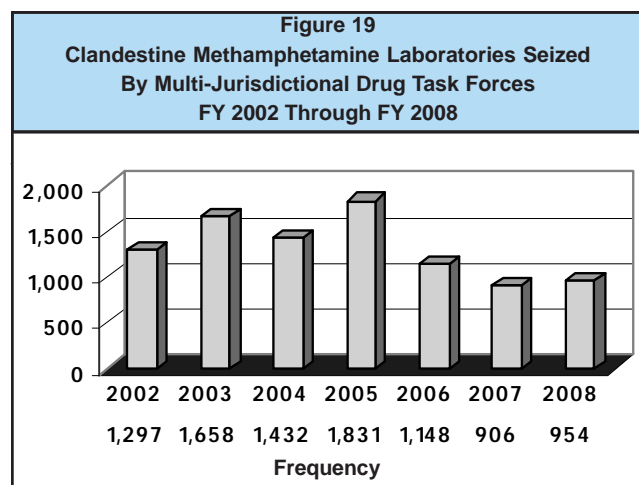


Table 13
Cases With Methamphetamine Products And Precursors
Detected By Missouri Crime Laboratories
FY 2002 Through FY 2008

Year	Product Only	Precursor Only	Both
2002	414	266	627
2003	373	190	570
2004	454	179	539
2005	417	190	576
2006	276	179	373
2007	109	99	199
2008	114	75	245

Table 14
Locations Used For Clandestine
Methamphetamine Production As Perceived By
Multi-Jurisdictional Drug Task Forces
2008

Outdoor Locations	
Wooded Areas / Rural Fields	100.0%
Campgrounds	15.0%
River Banks / Accesses	65.0%
Farmland	60.0%
Caves	15.0%
Public Parks	20.0%
Gravel Roads	85.0%
Vehicles	95.0%
Government Forest	15.0%
Other	10.0%
Indoor Locations	
Hotels / Motels	60.9%
Workplaces	8.7%
Abandoned Buildings	78.3%
Barns / Outbuildings	91.3%
Garages	87.0%
Single Family Residences	100.0%
Apartments / Condominiums	100.0%
Other	4.3%

The sources of precursor chemicals used to process methamphetamine in clandestine laboratories vary. Retail stores are the most common source of precursor chemicals according to 96.0% of MJTF that indicated methamphetamine production is a major or moderate problem in their jurisdictions (Table 16). Other common sources of precursor chemicals identified by task forces include drug stores (88.0%), farm supply stores (68.0%) and hardware stores (64.0%). Portable field tanks (65.2%) are the most common source of anhydrous ammonia identified by task forces with a major or moderate clandestine methamphetamine laboratory problem. Other anhydrous ammonia sources include farm co-ops (56.5%)

or home made by methamphetamine cooks (52.2%). Persons involved in producing methamphetamine are predominately Caucasian males between the ages of 26 and 50. Of the MJTF stating this industry is a major or moderate problem in their jurisdictions, 65.2% indicated participants are male, 97.4% indicated participants are Caucasian, and 47.8% indicated their ages range from 26 through 50 (Table 17).

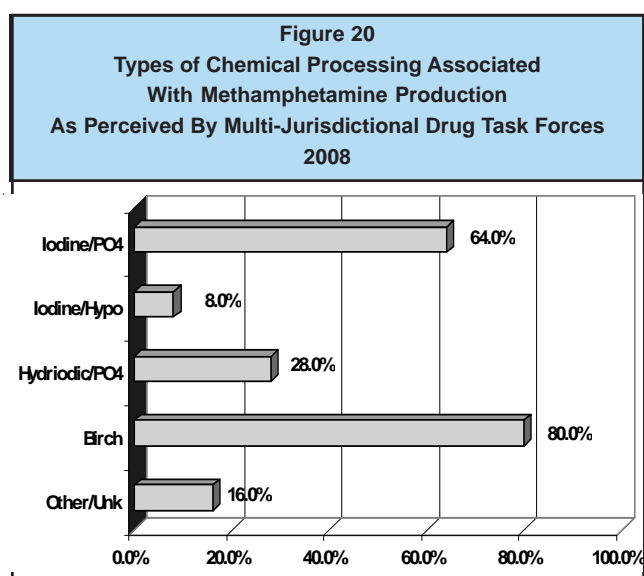


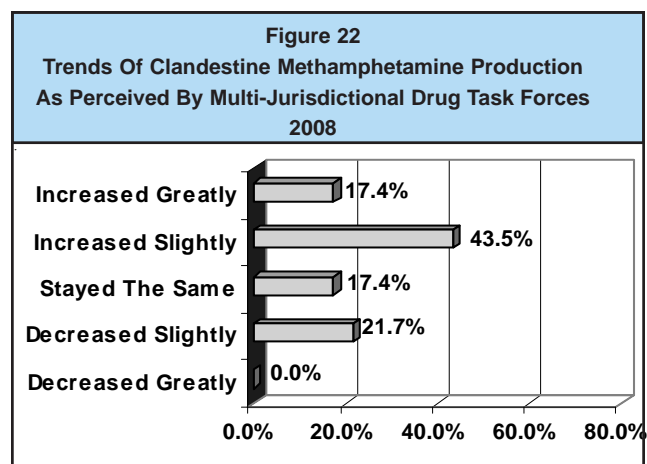
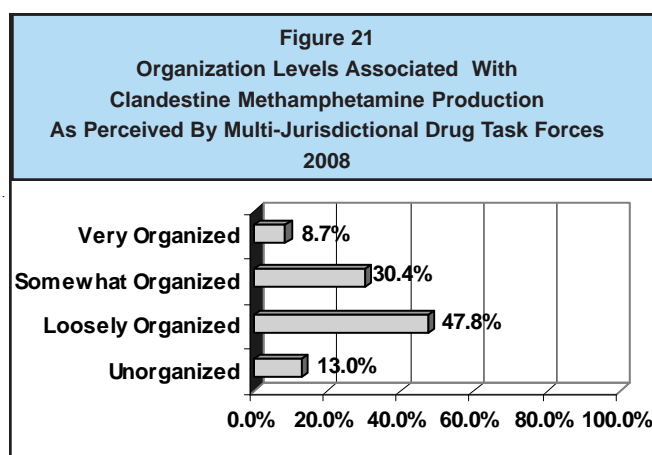
Table 16 Sources Of Methamphetamine Precursor Chemicals As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Precursor Chemical Sources	
Mail Order	16.0%
Catalogs / Farm Supply	68.0%
Stores / Veterinarian	28.0%
Suppliers / Retail	96.0%
Discount Chemical Supply	4.0%
Hardware Warehouse	64.0%
Drug Stores	88.0%
Overseas Pharmaceutical	16.0%
Other	8.0%
Anhydrous Ammonia	
Field Tanks	65.2%
Farm Supply Stores	13.0%
Farm Co-ops	56.5%
Bulk Fertilizer Plants	8.7%
Poultry Processing Plants	0.0%
Imported From Other States	17.4%
Home Made	52.2%
Other	8.7%

Table 15 Clandestine Methamphetamine Precursor Chemicals As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Precursor Chemicals	
Anhydrous Ammonia	84.0%
Ether / Starting Fluid	96.0%
Liquid Iodine	56.0%
Highway Flares	32.0%
Lithium Batteries	92.0%
Camping Fuels	96.0%
Cold Capsules / Ephedrine	96.0%
Organic Solvent	84.0%
Acids	92.0%
Red Devil Dye	92.0%
Hydrogen Peroxide	68.0%
Ammonia Sulfate	60.0%
Other	16.0%

Table 17 Demographic Characteristics Of Persons Involved In Clandestine Methamphetamine Production As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Gender	
Male	65.2%
Female	0.0%
Both	34.8%
Race	
Caucasian	97.4%
African American	0.9%
Hispanic	1.7%
Asian	0.0%
Other	0.0%
Age Group	
17 & Under	1.6%
18 - 25	22.4%
26 - 35	47.8%
36 - 50	24.3%

Nearly one-half of the task forces indicated persons in this industry are loosely organized (47.8%) and may share processing techniques or equipment (Figure 21). Almost another one third (30.4%) of the respondent MJTF indicated participants in this industry are somewhat organized. Only one MJTF indicated gang activity is associated with clandestine methamphetamine laboratories.

Clandestine methamphetamine production appears to be trending downward in some regions of the State and upwards in others. Of the MJTF that indicated this industry is a moderate or major problem, over half of the MJTF (60.9%) indicated this industry's growth is slightly or greatly increasing in their jurisdiction (Figure 22).



Missouri Interstate Distribution Trafficking

Missouri serves as a conduit for transportation of significant amounts of illicit drugs between out-of-state points of origin and destination. Missouri's central location in the nation and extensive interstate roadway system increases its likelihood of being involved in illicit interstate drug trafficking.

Different transportation methods are used to move illicit drugs through Missouri. Illicit drugs primarily are moved by land and air. Roadways are utilized for interstate drug trafficking more extensively than other transportation systems. Both private individuals and commercial operators transport illicit drugs, sometimes knowingly and other times unknowingly. Cocaine / crack cocaine is distributed / trafficked in all MJTF jurisdictions (Table 18). Other widely distributed / trafficked drugs identified by task forces were marijuana (96.0%) and methamphetamine (68.0%).

MJTF were asked to identify vehicle types and transportation systems commonly used to transport illicit drugs across the State. Of the MJTF indicating interstate drug distribution / trafficking is a major or moderate problem, 96.0% stated drugs are transported by noncommercial vehicles on interstate roadways (Table 19). Other common vehicle types used for drug distribution / trafficking are commercial vehicles (72.0%) and mail couriers (64.0%).

Interstate drug distribution / trafficking is conducted by both males and females of most races and age groups. Of the MJTF indicating this industry is a major or moderate problem, over three quarters (84.0%) indicated only males distribute / traffick drugs while 16.0% stated both males and females

Table 18 Types Of Drugs Transported Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Cocaine / Crack	100.0%
Marijuana	96.0%
Methamphetamine	68.0%
Ecstasy / Designer Drugs	56.0%
Heroin / Opiates	40.0%
Pharmaceuticals	20.0%
Hallucinogens	12.0%
Khat	8.0%

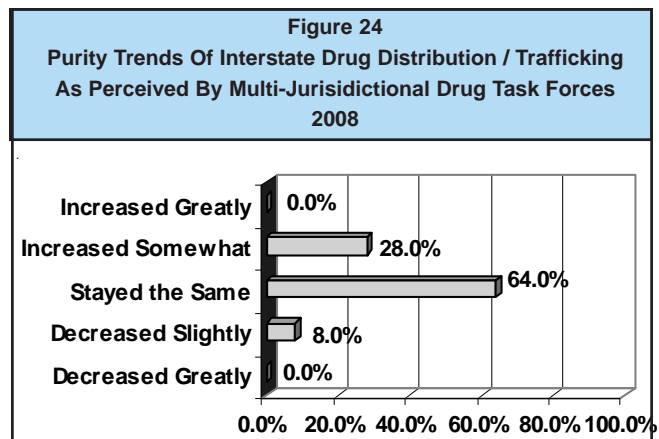
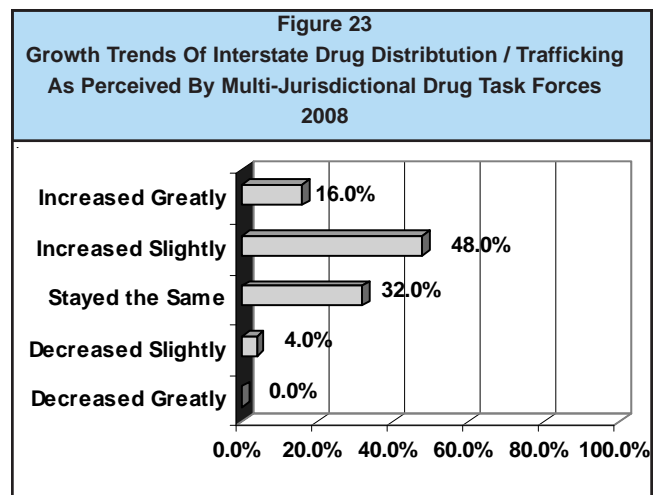
participate (Table 20). Of the MJTF with a moderate or major drug distribution / trafficking problem, 37.2% indicated Caucasians are participants and 30.1% stated Hispanics participate. Of these same MJTF, 43.1% indicated persons aged 26 through 35 were most commonly involved in this industry.

Interstate drug distribution is more organized than other illicit drug industries. Of the MJTF indicating interstate drug distribution is a major or moderate problem, 88.0% indicated this industry is very or somewhat organized. Only 20.0% of the MJTF stated that gangs are involved with interstate drug distribution / trafficking. Outlaw motorcycle and street gangs were most associated with this industry.

According to Missouri drug task forces, interstate drug distribution / trafficking industry may be increasing in the State. Of the MJTF that believe this industry is a major or moderate problem in their jurisdictions, over half (64.0%) responded drug distribution / trafficking is slightly or greatly increasing (Figure 23). In addition, 64.0% of the responding task forces consider the purity of distributed / trafficked drugs to be staying the same while 28.0% believe purities of transported drugs are increasing somewhat (Figure 24).

Table 19 Vehicle Types Used To Transport Drugs Across Missouri As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
<u>Vehicle Type</u>	
Non Commercial Vehicles	96.0%
Commercial Vehicles	72.0%
Mail Couriers	64.0%
Bus Lines	16.0%
Train Lines	16.0%
Commercial Airlines	4.0%
Private Airlines	0.0%

Table 20 Demographic Characteristics Of Persons Involved In Interstate Drug Distribution / Trafficking As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
<u>Gender</u>	
Male	84.0%
Female	0.0%
Both	16.0%
<u>Race</u>	
Caucasian	37.2%
African American	29.9%
Hispanic	30.1%
Asian	1.7%
Other	1.0%
<u>Age Group</u>	
17 & Under	1.0%
18 - 25	27.5%
26 - 35	43.1%
36 - 50	24.0%
Over 50	4.4%



Distribution and Point-of-Sale Drug Trafficking

A large portion of Missouri's illicit drug industry is devoted to distributing and selling these products to individuals for their own consumption. Distribution and point-of-sale trafficking patterns vary by the type of illicit drug involved. Due to that fact, distribution and point-of-sale patterns for each major illicit drug used in Missouri are presented separately.

Marijuana

Marijuana is one of the most widely distributed and sold drugs in Missouri. Locally cultivated marijuana provides the bulk of the drug distributed and sold in the State and most traffickers prefer to distribute and sell cultivated marijuana, especially sinsemilla. The NDIC reports marijuana traffickers also distribute and sell bulk quantities of foreign marijuana, primarily grown in Mexico, Colombia, and Jamaica, that is transported from Southwestern United States. Mexican and Colombian marijuana entering southwestern U.S. cities (San Diego and Phoenix) is trafficked to Kansas City and on to other Missouri areas. St. Louis is a destination city for Jamaican marijuana.

Analyses of marijuana quantities seized by multi-jurisdictional drug task forces indicate this industry is substantial and law enforcement efforts to remove the drug are increasing dramatically (Table 21). In Fiscal Year 2008, 375,502 ounces of marijuana were seized compared to 179,389 ounces in Fiscal Year 2007. This is an increase of 52.2%.

A regional analysis of multi-jurisdictional task force program progress reports indicates marijuana distribution and point-of-sale trafficking occurs throughout Missouri. Marijuana charges accounted for 48.4% of all sale charges filed in task force arrests in St. Louis MSA counties and 36.1% of those filed in Non-MSA counties. Joplin, Columbia and Kansas City MSA counties followed, with 3.9% of all sale charges filed in each of these. The Springfield MSA ranked fifth, where 2.7% of all sale charges filed by task forces were for sale of marijuana. This was followed by the St. Joseph MSA where 1.2% of filed sale charges were for marijuana.

All MJTF perceive point-of-sale marijuana to be a major or moderate problem in Missouri. Task forces also indicated marijuana sales most commonly take place in homes or streets / parking lots. Private residences were identified by 96.2% of the MJTF as locations of marijuana sales while 92.3% identified streets / parking lots as locations (Table 22). Sale of marijuana from vehicles was noted by 88.5% of the MJTF.

Marijuana point-of-sale distribution is conducted by persons of both sexes and all age groups. Of the MJTF indicating this industry is a major or moderate problem, 50.0% indicated persons of both sexes are involved and 50.0% indicated only males were involved (Table 23). These MJTF also indicated Caucasians are most commonly involved (48.6%) followed by African Americans (30.1%) and Hispanics (21.1%). Over one third (37.5%) of the responding MJTF identified persons aged 18 through 25 as participating in this industry and 35.8% stated persons aged 26 through 35 are involved.

Table 21 Ounces of Drugs Seized By Multijurisdictional Drug Task Forces FY 2002 Through FY 2008								
Fiscal Year	Marijuana	Cocaine	Crack	Meth	Heroin / Opiates	LSD	PCP	Ecstasy*
2002	205,455	8,721	405	1,917	27	0	86	NA
2003	167,457	5,166	353	2,324	8	24	54	6,435
2004	324,671	4,759	414	4,918	223	<1	50	459
2005	176,497	14,598	833	3,059	575	1	5	1,470
2006	311,138	14,232	5,919	3,200	1,331	8	535	1,743
2007	179,389	17,968	667	6,721	739	<1	531	11,440
2008	375,502	14,016	291	508	180	<1	275	13,195

According to Missouri drug task forces, marijuana sale / distribution is organized to some degree in all areas of the State. Of the MJTF indicating marijuana point-of-sale distribution is a major or moderate problem, over half (56.5%) indicated sellers were very organized or somewhat organized and another third (39.1%) indicated this industry is loosely organized (Figure 25). However, only 20.0% of these MJTF indicated gangs are associated with marijuana sale and distribution.

Growth of this industry remains constant in some of areas of State but is increasing in others. Of the MJTF indicating this industry is a major or moderate problem, over one-half (60.0%) responded marijuana point-of-sale distribution is greatly or slightly increasing (Figure 26). Another 36.0% of these MJTF indicated this industry is remaining constant.

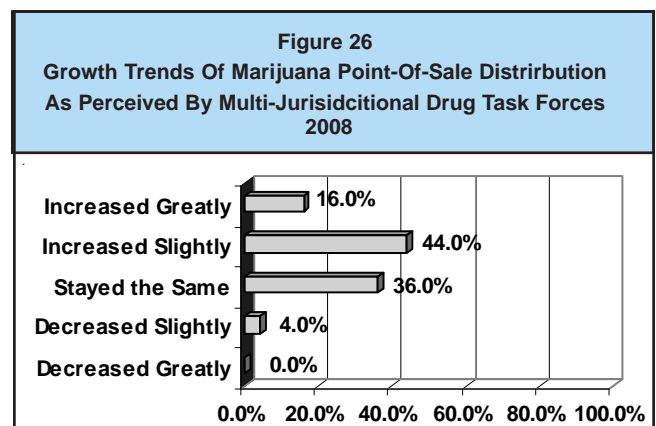
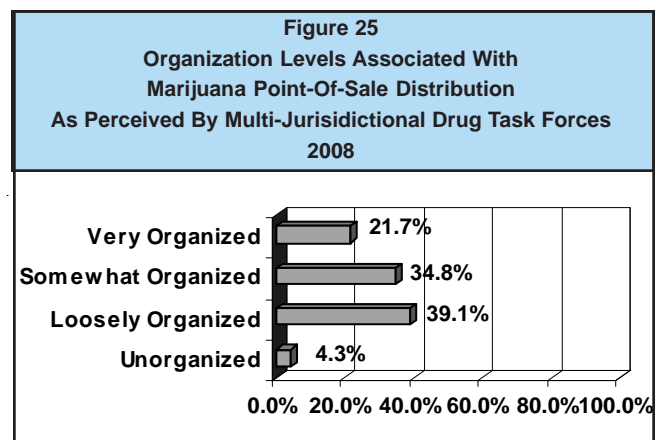
Table 22 Location Of Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Private Residences	96.2%
Streets / Parking Lots	92.3%
Vehicles	88.5%
Hotels / Motels	61.5%
Bars / Nightclubs	57.7%
Work Places	42.3%
Schools / Playgrounds	38.5%

Table 23 Demographic Characteristics Of Persons Involved In Marijuana Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Gender	
Male	50.0%
Female	0.0%
Both	50.0%
Race	
Caucasian	48.6%
African American	30.1%
Hispanic	21.1%
Asian	0.2%
Other	0.0%
Age Group	
17 & Under	5.7%
18 - 25	37.5%
26 - 35	35.8%
36 - 50	18.3%
Over 50	2.8%

Cocaine/ Crack Cocaine

Cocaine is not produced in any significant amounts in the U. S. Instead, cocaine is extracted from the Erythroxylon bush that grows primarily in Columbia, Peru, and Bolivia. Once extracted from Erythroxylon leaves and processed, cocaine is smuggled overland through Mexico or by sea and air transport along eastern Pacific and western Caribbean maritime routes. According to the NDIC, cocaine smuggled overland through Mexico enters the U.S. through Texas, California, and Arizona ports of entry (POE). From these POE, cocaine then is transported to Atlanta, Chicago, Dallas, Houston, and New York. Cocaine smuggled via Caribbean maritime routes enters the U.S. in Miami and is transported to Atlanta, New York, and Philadelphia. Cocaine is smuggled throughout the U.S. from various distribution cities. A large portion of powder cocaine ending up in the Midwest, including Missouri, is distributed from Chicago, Houston, and Phoenix.

Analyses of cocaine quantities seized by multi-jurisdictional drug task forces indicate distribution of this drug is second only to marijuana. In Fiscal Year



2008, task forces seized 14,016 ounces of cocaine (Table 21). Much smaller quantities of crack cocaine has been seized by MJTF. In most fiscal years since 2002, less than 100 ounces of this drug have been seized. However, in Fiscal Year 2006, nearly 6,000 ounces of crack cocaine were seized by MJTF.

A regional analysis of multi-jurisdictional task force data indicates cocaine and crack cocaine point-of-sale trafficking equally impacts large and small MSAs in Missouri. Cocaine sale charges accounted for 64.2% of all sale charges filed in arrests in the St. Louis MSA. Non-MSA counties were next, where 17.9% of all sale charges filed were for cocaine. This was followed by Joplin MSA (14.2%), Kansas City MSA (2.2%), Springfield (0.7%), and Columbia MSA (0.7%) counties. Crack cocaine charges accounted for 45.1% of all sale charges filed in task force arrests made in the St. Louis MSA. Non-MSA counties were next, where 37.5% of all sale charges filed were for sale of crack cocaine. This was followed by Columbia MSA (7.1%), St. Joseph MSA (5.6%), Kansas City MSA (2.5%), and Joplin MSA (2.2%) counties. Crack cocaine sale charges were not reported in Springfield MSA counties.

Cocaine distribution / point-of-sale of cocaine and crack cocaine occurs throughout Missouri. Of the MJTF that responded to the illicit drug industry survey, nearly all (88.5%) believe this industry is a moderate or major problem in their jurisdictions (Table 9). In the same survey, task forces indicated cocaine / crack are sold at many different locations. Of the MJTF indicating this industry was a major or moderate problem, 90.9% identified cocaine / crack sales commonly occur in private residences (Table 24). Other locations are streets / parking lots (86.4%) and from vehicles (86.4%).

Cocaine and crack cocaine are commonly distributed by African American males between the ages of 26 and 35. Of the MJTF that indicated these are major or moderate problems in their areas, two-thirds (66.5%) reported African Americans participate in this industry (Table 25). Nearly two-thirds of these task forces (61.9%) indicated only males participate, and almost half (42.2%) identified participants in this industry are between the ages of 26 and 35.

Cocaine and crack cocaine distribution / point-of-sale trafficking is moderately to well organized in the State. Of the MJTF indicating this industry is a major

or moderate problem, 50.0% indicated participants are somewhat organized and 25.0% indicated industry participants are very organized (Figure 27).

Many Missouri drug task forces believe cocaine / crack point-of-sale distribution to be increasing in the State. Over one-third (38.1%) of MJTF respondents to the drug industry survey indicated cocaine and crack cocaine distribution / point-of-sale trafficking is slightly increasing in their jurisdictions while another 19.0% perceived this industry as increasing greatly (Figure 28).

Crack is a crystal form of cocaine that can be converted from powder or rock cocaine with heat. Typically, precursor cocaine is heated on stove tops or in microwave ovens without flammable solvents.

Table 24
Location Of Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2008

Private Residences	90.9%
Streets / Parking Lots	86.4%
Vehicles	86.4%
Hotels / Motels	50.0%
Bars / Nightclubs	45.5%
Work Places	27.3%
Schools / Playgrounds	13.6%

Table 25
Demographic Characteristics Of Persons Involved In
Cocaine / Crack Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2008

<u>Gender</u>	
Male	61.9%
Female	0.0%
Both	38.1%
<u>Race</u>	
Caucasian	20.4%
African American	66.5%
Hispanic	12.5%
Asian	0.2%
Other	0.2%
<u>Age Group</u>	
17 & Under	3.0%
18 - 25	16.7%
26 - 35	42.2%
36 - 50	35.2%
Over 50	3.0%

Crack processing is typically conducted late in the cocaine distribution process. Of the MJTF that indicated cocaine / crack cocaine point-of-sale distribution was a major or moderate problem, 69.3% indicated crack processing was a major or moderate problem in their jurisdictions (Table 9). Of these MJTF, 94.4% indicated powder cocaine was the precursor to crack and 38.9% indicated rock cocaine was a precursor.

Crack cocaine processing is most commonly conducted in industry participants' homes. Of the MJTF that believe this industry is a major or moderate problem, all indicated crack processing occurs in single family residence and 72.2% indicated it occurs in apartments or condominiums (Table 26).

In Missouri, cocaine is processed into crack cocaine by young to middle-aged African American males. Of the MJTF indicating this industry as a major or moderate problem, 77.8% identified males as partici-

pants in crack cocaine processing and 80.9% identified African American participants (Table 27). Nearly one-half (42.1%) of these task forces indicated persons aged 26 through 35 are involved.

Crack processing in Missouri is moderate to well organized according to drug task forces. Of the MJTF identifying this industry as a major or moderate problem, nearly three-quarters (72.2%) indicated participants are somewhat or very organized (Figure 29). These task forces also indicated gangs are involved to some extent in crack processing. Of the MJTF indicating this industry is a major or moderate problem, almost one-half (44.4%) stated gangs are involved in crack processing. Street gangs were identified by 87.5% of these task forces to be involved with crack process.

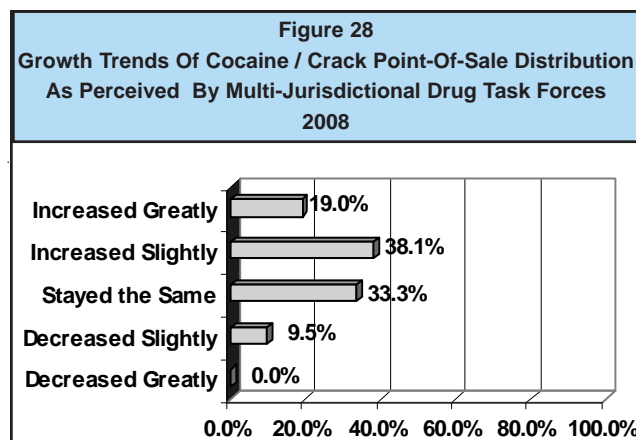
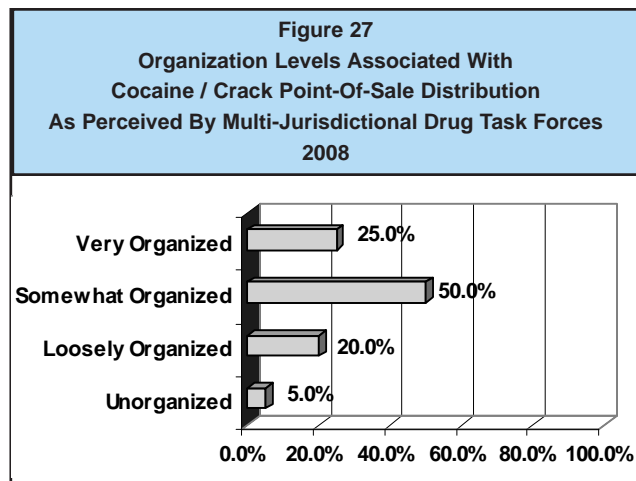


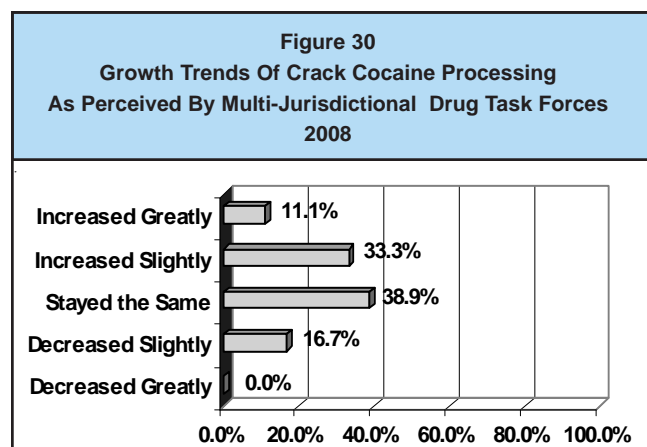
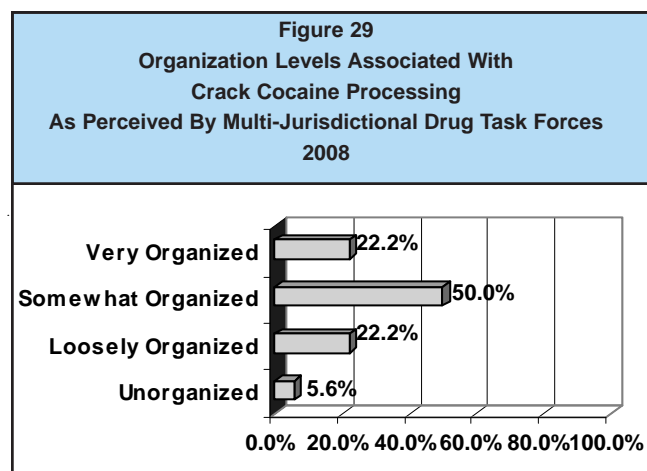
Table 26 Location Of Crack Cocaine Processing As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Single Family Residences	100.0%
Apartments / Condominiums	72.2%
Hotels / Motels	61.1%
Work Places	11.1%
Abandoned Buildings	11.1%
Garages	11.1%

Table 27 Demographic Characteristics Of Persons Involved In Crack Processing As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Gender	
Male	77.8%
Female	0.0%
Both	22.2%
Race	
Caucasian	15.1%
African American	80.9%
Hispanic	4.0%
Asian	0.0%
Other	0.0%
Age Group	
17 & Under	1.1%
18 - 25	32.4%
26 - 35	42.1%
36 - 50	23.2%
Over 50	1.3%

Crack cocaine processing appears to be increasing in some parts of the State. Of the MJTF indicating this industry is a major or moderate problem, 38.9% responded it stayed constant (Figure 30). However, almost half (44.4%) of the MJTF indicated the industry increased slightly or greatly in their jurisdictions.

Methamphetamine

The distribution and point-of-sale of methamphetamine, along with its related industry (methamphetamine clandestine laboratories), are two of the most widespread illicit drug industries in the State. According to the NDIC, Missouri is one of several central U.S. states that is a primary market area for the drug and methamphetamine manufactured in Missouri is distributed regionally and to other parts of the country. Also, the NDIC has reported increasing trafficking of methamphetamine produced in Southern California and Mexico to Kansas City and St. Louis by Mexican criminal groups.



Analyses of methamphetamine amounts seized by multi-jurisdictional task drug force investigations indicate distribution of this drug is significant in Missouri but may be decreasing. From Fiscal Years 2002 through 2004, seized ounces of methamphetamine increased from 1,917 to 4,918 (Table 21). Seized ounces of methamphetamine decreased through 2005 and 2006 when 3,059 and 3,200 ounces were seized, respectively. The amount of methamphetamine seized in 2007 increased nearly threefold to 6,721 ounces. However, the amount drastically decreased to 508 ounces in 2008.

A regional analysis of multi-jurisdictional drug task force data indicates methamphetamine distribution and point-of-sale trafficking is most common in Eastern and rural counties of the State. Methamphetamine sale charges accounted for 37.3% of all sale charges filed in arrests made by task forces in the Non-MSA counties. This was followed by St. Louis MSA (32.9%) and Joplin MSA (10.7%) counties. Ranked next were Springfield MSA (5.2%), St. Joseph MSA (3.5%), and Columbia MSA (0.1%) counties.

Methamphetamine point-of-sale distribution is a serious problem in the State. Of all responding MJTF, 88.5% stated this industry is a major or moderate problem in their jurisdictions (Table 9). These task forces also indicated the drug is distributed at many locations. All of the MJTF that indicated this industry is a major or moderate problem also identified private residences (100.0%) as point-of-sale locations (Table 28). Other common methamphetamine distribution locations identified by MJTF are vehicles and streets / parking lots.

The task force survey results also indicate Caucasian males and females are typically involved in distributing and selling methamphetamine. Of the MJTF indicating this industry is a major or moderate problem, 69.6% stated participants are of both sexes and 75.1% indicated they were Caucasian (Table 29). These task forces also indicated methamphetamine distributors are typically between the ages of 18 and 35. Of the task forces stating this industry is a major or moderate problem in their jurisdiction, 43.1% stated participants are between the ages of 26 and 35 and 29.2% stated they are aged 18 through 25.

The level of organization associated with methamphetamine point-of-sale distribution in Missouri

varies from loosely organized to very organized. Of the MJTF identifying this industry as a major or moderate problem, over half (57.1%) indicated participants are somewhat to very organized and nearly half (42.9%) indicated participants are loosely organized (Figure 31). Several gangs are involved with this industry according to the surveyed task forces. Almost half (46.7%) of the MJTF that responded methamphetamine point-of-sale distribution is a major or moderate problem in their jurisdictions stated motorcycle gangs are involved in this industry. Another 33.3% stated street gangs are involved and 26.7% stated ethnic / nationalist gangs participate.

Methamphetamine point-of-sale distribution is increasing throughout the State. Of the MJTF indicating this industry is a major or moderate problem, 65.2% noted it increased slightly or greatly (Figure 32).

Heroin / Opiates

Like cocaine, heroin and its derivatives are imported into Missouri for distribution / point-of-sale. Most heroin entering the U.S. originates from South America and Mexico, and is smuggled into the U.S. via ports of entry (POE) along the Mexico border. This heroin is then transported directly to U.S. cities for further distribution. Heroin also originates from Southwestern and Southeastern Asian and is usually smuggled into the U.S. via east or west coast cities via commercial air carriers. It is then transported to regional distribution centers. Asian heroin entering Missouri generally is distributed from Chicago.

A regional analysis of multi-jurisdictional drug task force data indicates heroin distribution and point-of-sale trafficking mostly impacts St. Louis MSA

Table 28 Location Of Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Private Residences	100.0%
Vehicles	78.3%
Streets / Parking Lots	78.3%
Hotels / Motels	60.9%
Work Places	47.8%
Bars / Night Clubs	47.8%
Schools / Playgrounds	8.7%

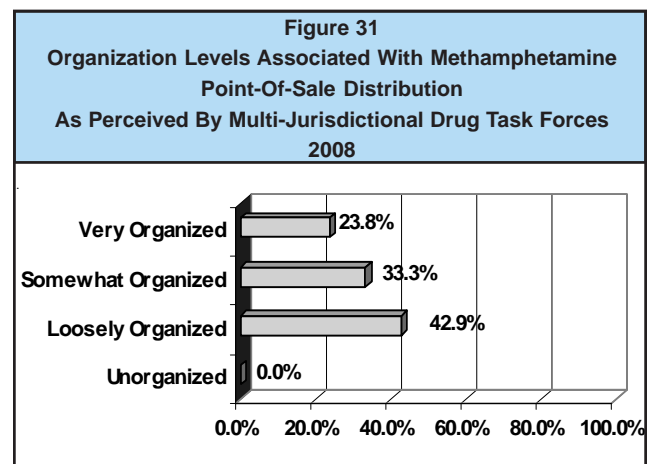
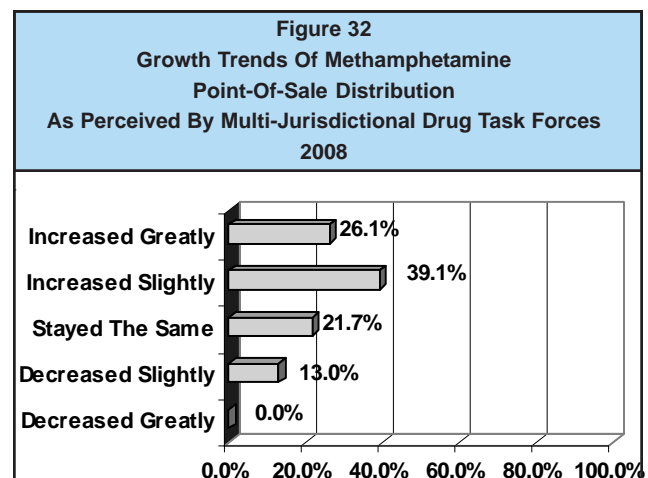


Table 29 Demographic Characteristics Of Persons Involved In Methamphetamine Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Gender	
Male	30.4%
Female	0.0%
Both	69.6%
Race	
Caucasian	75.1%
African American	3.5%
Hispanic	21.0%
Asian	0.2%
Other	0.2%
Age Group	
17 & Under	2.2%
18 - 25	29.2%
26 - 35	43.1%
36 - 50	21.9%
Over 50	3.7%



counties where 91.7% of all heroin sale charges were made. Other impacted regions in Missouri include Non-MSA counties where 3.6% of all heroin sale charges filed in arrests occur. This was followed by St. Joseph and Springfield MSA counties with 2.4% of these charges. No heroin sale charges were filed by multi-jurisdictional task forces in other MSAs.

Analyses of heroin / opiate quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is limited in Missouri compared to marijuana, cocaine, or methamphetamine. In Fiscal Year 2008, task forces seized 180 ounces of heroin / opiates (Table 21). The greatest amount of heroin seized in the last seven years was during Fiscal Year 2006 when 1,331 ounces of heroin / opiates were seized.

An analysis of industry profiles conducted by multi-jurisdictional drug task forces indicates heroin / opiates distribution and point-of-sale is a problem in specific regions. Of the surveyed MJTF, less than half (44.0%) responded this industry is a major or moderate problem (Table 9). Sale of heroin / opiates are limited to several common locations according to the surveyed task forces. Of the MJTF that regard this industry as a major or moderate problem, all indicate sales occur in private residences. These task forces also identified sales commonly occur from vehicles and on streets / parking lots (Table 30).

Persons involved with heroin / opiates point-of-sale distribution are typically white or black males and females. Of the MJTF identifying this industry as a major or moderate problem, 55.6% of MJTF stated that both males and females were involved (Table 31). In addition, nearly half (48.0%) of these task forces indicated Caucasians are involved and nearly half indicated African Americans are involved (45.0%). Persons aged 18 through 35 were identified as industry participants by 86.3% of the MJTF.

Multiple levels of organization are associated with heroin / opiates point-of-sale distribution in Missouri. Of the MJTF identifying this industry as a major or moderate problem, 28.6% indicated heroin / opiates point-of-sale distribution is somewhat to very organized (Figure 33). Another 14.3% of these MJTF stated this industry is loosely organized and over one quarter (28.6%) indicated the industry is unorganized. Street gangs are involved in this

industry according to all MJTF with a major or moderate heroin / opiate point-of-sale distribution problem. Another 25.0% of these task forces stated ethnic / nationalist gangs are involved.

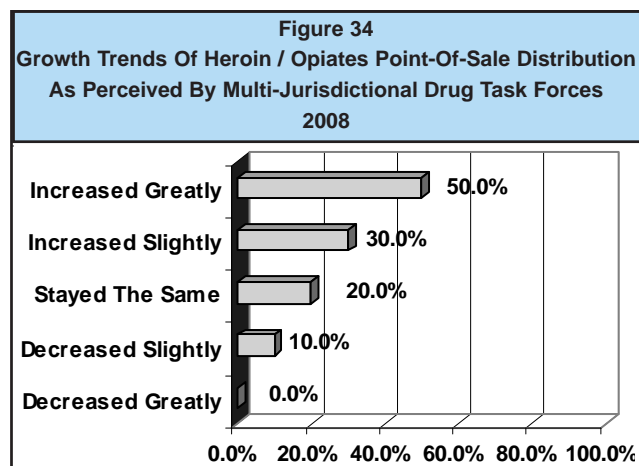
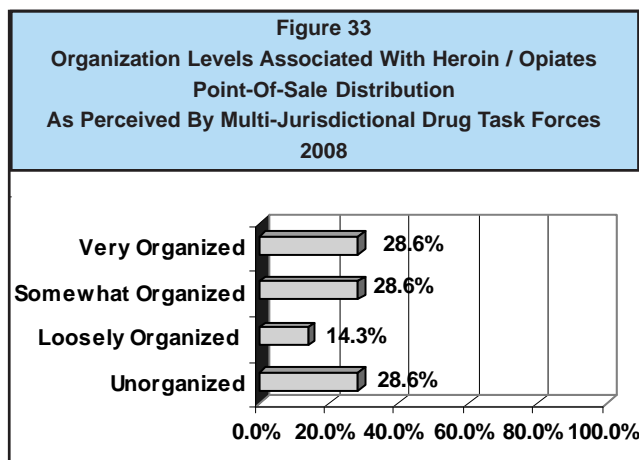
While heroin / opiates point-of-sale / distribution is limited regionally, this industry is increasing in several areas. Of the MJTF indicating heroin / opiates point-of-sale distribution is a major or moderate problem, 80.0% noted the industry slightly or greatly increased (Figure 34). However 20.0% of the MJTF indicated the industry remained the same in their jurisdictions.

Table 30
Location Of Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2008

Private Residences	100.0%
Vehicles	77.8%
Streets / Parking Lots	77.8%
Bars / Night Clubs	44.4%
Hotels / Motels	33.3%
Work Places	22.2%
Schools / Playgrounds	22.2%

Table 31
Demographic Characteristics Of Persons
Involved In Heroin / Opiates Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2008

<u>Gender</u>	
Male	33.3%
Female	0.0%
Both	55.6%
<u>Race</u>	
Caucasian	48.0%
African American	45.0%
Hispanic	6.5%
Asian	0.5%
Other	0.0%
<u>Age Group</u>	
17 & Under	2.7%
18 - 25	37.3%
26 - 35	49.0%
36 - 50	11.0%
Over 50	0.0%



Hallucinogens

LSD (lysergic acid diethylamide) and PCP (phencyclidine) are the more commonly abused hallucinogens in Missouri. The NDIC reports LSD is produced by a small network of chemists located in California and the Pacific Northwest. To a lesser extent, LSD is produced throughout the country by individuals. It typically is sold in crystal, tablet, or liquid forms. Liquid LSD is ingested in sugar cubes, gelatin squares, or blotter paper available in single to multi-thousand dosage units. The NDIC reports PCP is produced by California street gangs. PCP encountered in Missouri is sold as PCP laced cigarettes, cigars, or marijuana. It also is found in liquid, tablet, and powder forms.

Analyses of LSD and PCP quantities seized by multi-jurisdictional drug task forces indicate distribution of these drugs is not a significant industry in Missouri. In Fiscal Year 2008, task forces seized 275 ounces of PCP and less than 1 ounce of LSD. In Fiscal Year 2006 a significant seizure of 535 ounces of PCP was reported (Table 21).

Of the MJTF responding to a drug industry survey, only 20.9% identified hallucinogen point-of-sale distribution as a major or moderate problem in their jurisdictions (Table 9). These task forces also stated hallucinogens are sold primarily from private residences, vehicles, and streets / parking lots. Of the MJTF with a major or moderate problem with this industry, over two thirds stated hallucinogens are sold from these locations (Table 32).

Hallucinogen dealers are commonly white males aged 26 through 35. Of the MJTF indicating hallucinogen point-of-sale distribution is a major or moderate problem, 60.0% stated males are involved in this industry (Table 33). Nearly all (96.0%) of these task forces indicated industry participants are Caucasian and over half (52.0%) indicated participants are between the ages of 26 and 35.

Table 32 Location Of Hallucinogens Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Private Residences	66.7%
Vehicles	66.7%
Streets / Parking Lots	66.7%
Bars / Night Clubs	16.7%
Hotels / Motels	16.7%
Work Places	0.0%
Schools / Playgrounds	0.0%

Table 33 Demographic Characteristics Of Persons Involved In Hallucinogens Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Gender	
Male	60.0%
Female	0.0%
Both	20.0%
Race	
Caucasian	96.0%
African American	3.0%
Hispanic	1.0%
Asian	0.0%
Other	0.0%
Age Group	
17 & Under	5.0%
18 - 25	20.0%
26 - 35	52.0%
36 - 50	18.0%
Over 50	5.0%

Although hallucinogens point-of-sale distribution is not widespread in Missouri, the industry is organized to some degree. Of the MJTF that indicted this industry is a major or moderate problem in their jurisdictions, all identified hallucinogen point-of-sale distribution is somewhat organized. Ethnic / nationalist gangs were reported to be involved in this industry by 50.0% of these task forces and organized crime was identified to be involved by another 50.0%. Although it is not known if gang involvement is specific to LSD or PCP point-of-sale distribution, it is conceivable that one gang type is associated with LSD and the other with PCP.

Hallucinogens point-of-sale distribution in Missouri is increasing to some extent. Of the MJTF that indicated this industry is a major or moderate problem, over half (60.0%) responded it increased slightly (Figure 35).

Ecstasy

According to the NDIC ecstasy use has been on the increase in recent years. Ecstasy is a stimulant with mild hallucinogenic properties taken orally in tablet or capsule form. The emergence of high-energy, all-night dance clubs known as raves has increased use of ecstasy because the drug provides users with energy and heightened sensory perception to enhance their experience. These clubs are becoming increasingly popular with teenagers and young adults. According to the DEA, clandestine laboratories in rural areas of the Netherlands and Belgium produce approximately 80 percent of ecstasy consumed worldwide. Other countries where laboratories have been found include Canada, Australia, Germany, and several Eastern European countries. Ecstasy is smuggled into New York, Los Angeles, and Miami

on commercial airlines from Europe, Canada, and Mexico. From these U.S. cities, it is distributed to other states by couriers on domestic commercial flights or mail / package services.

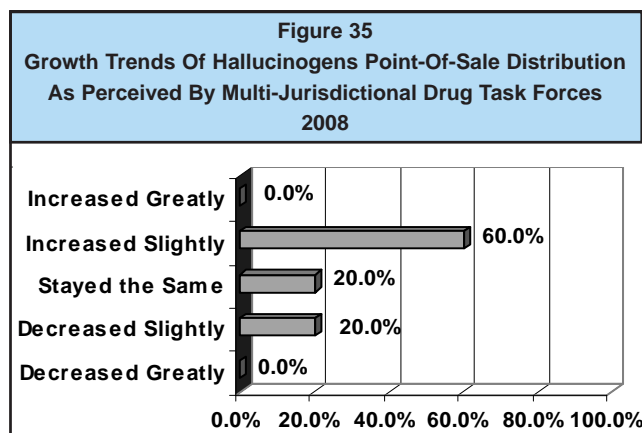
A regional analysis of multi-jurisdictional drug task force data indicates ecstasy point-of-sale trafficking primarily impacts St. Louis MSA counties where 80.0% arrest charges for sale of ecstasy were made. The proportion of arrest charges for sale of ecstasy in Joplin MSA counties was 8.0% and 6.0% in Non-MSA counties. These regions were followed by Springfield MSA (4.0%) and Kansas City MSA counties (2.0%) counties.

An analysis of ecstasy and designer drugs seized by MJTF indicates distribution of these drugs is increasing in Missouri. In Fiscal Year 2008 13,195 doses of ecstasy were seized by drug task forces. This is a 15.3% increase from the 11,440 doses of ecstasy seized in Fiscal Year 2007 (Table 21).

In an industry profile survey completed by multi-jurisdictional drug task forces, 53.8% of the respondents reported ecstasy was a major or moderate problem in their jurisdictions (Table 9). These task forces also stated that ecstasy is most commonly sold from private residences, bars / night clubs, or vehicles. Of the MJTF that stated a major or moderate problem with this industry, 76.9% indicated it was sold at these locations (Table 34).

Not surprisingly because of ecstasy use in rave clubs, the majority of MJTF survey respondents reported ecstasy is predominately distributed by white adults between the ages of 18 and 25. Of the MJTF indicating ecstasy point-of-sale distribution is a major or moderate problem, over half (61.5%) identified both males and females as industry participants (Table 35). Over half (52.5%) of these task forces also identified Caucasians as participants, and one half (50.3%) identified persons aged 18 through 25 as persons involved in point-of-sale distribution of ecstasy or designer drugs.

Point-of-sale distribution of ecstasy / designer drugs is not a very organized industry in Missouri. Of the MJTF noting this industry as a major or moderate problem, less than half (45.5%) indicated the industry is somewhat organized while over half (54.6%) of these task forces indicated ecstasy / designer drug point-of-sale distribution is loosely to unorganized



(Figure 36). Street gangs were identified by many task forces as involved in ecstasy / designer point-of-sale distribution. Of the MJTF stating this industry is a major or moderate problem in their jurisdictions, 62.5% indicated street gangs were involved, 25.0% identified ethnic / nationalist gangs as participants, and 25.0% stated organized crime was involved.

Ecstasy / designer drugs point-of-sale distribution appears to be increasing in Missouri. Over half (57.1%) of the MJTF with a major or moderate problem with this industry stated it has slightly increased (Figure 37).

Table 34
Location Of Ecstasy / Designer Drug Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008

Private Residences	76.9%
Bars / Night Clubs	76.9%
Vehicles	76.9%
Streets / Parking Lots	61.5%
Hotels / Motels	38.5%
Work Places	23.1%
Schools / Playgrounds	7.7%

Table 35
Demographic Characteristics Of Persons Involved In Ecstasy / Designer Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008

Gender	
Male	38.5%
Female	0.0%
Both	61.5%
Race	
Caucasian	52.5%
African American	39.2%
Hispanic	4.2%
Asian	4.2%
Other	0.0%
Age Group	
17 & Under	6.9%
18 - 25	50.3%
26 - 35	34.9%
36 - 50	7.5%
Over 50	0.4%

Pharmaceuticals

Pharmaceutical drugs include narcotics, depressants, and stimulants that are available by medical prescription. Illicit use and distribution and point-of-sale of pharmaceuticals is becoming a problem in parts of the State. The NDIC reports most abused pharmaceutical drugs are illegally obtained from forged prescriptions, improper prescribing, and theft. Pharmaceuticals are increasingly being smuggled from Mexico or obtained from Internet pharmacies supplied by sources in Mexico or other foreign countries. According to the 2008 edition of *Street Drugs*, a new trend among young people is meeting at parties to exchange prescription medications to experience affects of either one or multiple types of medications.

Illicit use of pharmaceutical drugs is widespread in Missouri. Of the MJTF responding to a drug industry survey, nearly all (88.5%) indicated point-of-sale distribution of pharmaceutical drugs is a major or moderate problem in their jurisdictions (Table 9).

Figure 36
Organization Levels Associated With Ecstasy / Designer Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008

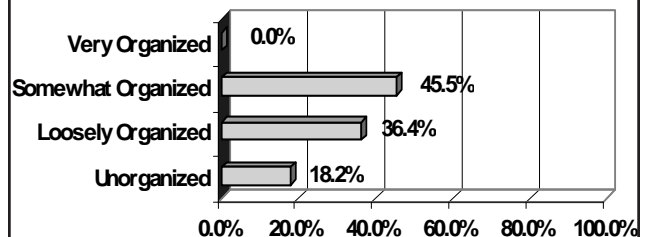
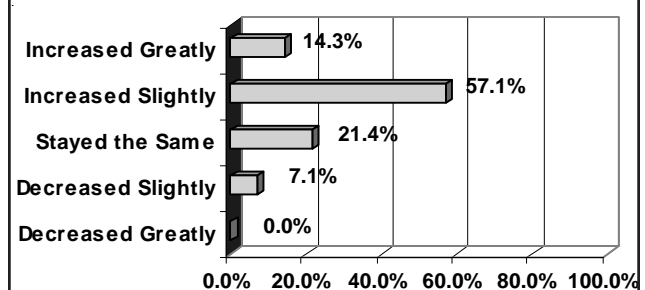


Figure 37
Growth Trends Of Ecstasy / Designer Drugs Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008



The most commonly abused pharmaceutical narcotic identified by Missouri task forces is oxycontin. Of the task forces that have a major or moderate problem with point-of-sale distribution of pharmaceutical drugs, 95.2% identified oxycontin as a commonly abused narcotic (Table 36). The NDIC reports oxycontin is frequently abused as a heroin substitute, and the drug has euphoric effects, mitigates pain, and decreases withdrawal effects associated with heroin abstinence. Oxycontin is produced in oral tablets but abusers often crush these to inhale the powder. Tablets also are dissolved in water and injected.

Other narcotics illegally distributed are vicoden and morphine. Of the task forces with a major or moderate problem with pharmaceutical drugs point-of-sale distribution, 90.5% stated vicoden is illicitly distributed and over half (61.9%) stated morphine is distributed illegally.

Commonly abused depressants include xanax and valium. The euphoric effects of depressants and countering stimulant effects are the primary reasons for illicit use of these drugs. Of the MJTF that perceived pharmaceutical point-of-sale distribution as a major or moderate problem, 90.5% indicated xanax is illegally distributed (Table 36). Valium was identified as an illegally distributed pharmaceutical drug by 81.0% of these task forces.

Stimulants are legitimately prescribed to treat attention disorders, obesity, and narcolepsy. Because these drugs increase users' concentration, alertness, and energy, they are commonly misused. Adderal, dexedrine, and ritalin are the more commonly abused stimulants. Over half (57.1%) of the MJTF that perceived point-of-sale distribution of pharmaceutical drugs as a major or moderate problem also indicated adderal is illegally distributed (Table 36). Ritalin was identified by 28.6% of these task forces as illegally distributed in Missouri.

Locations of point-of-sale of pharmaceuticals occur primarily in homes. All MJTF noting this industry as a major or moderate problem identified residences as illegal pharmaceutical sale locations (Table 37). Other pharmaceutical point-of-sale locations include vehicles and streets / parking lots. Of the task forces with a major or moderate problem with this industry, 76.2% indicated illegal sales occur from vehicles and 71.4% stated sales occur on streets / parking lots.

Most distributors of illegal pharmaceutical drugs are white males and females aged 18 through 35. Of the MJTF noting this industry as a major or moderate problem, 81.8% identified both males and females participate in point-of-sale distribution of pharmaceutical drugs (Table 38). In addition, 83.3% of these task forces noted Caucasians are involved and 65.7% stated persons aged 18 through 35 illegally distribute pharmaceutical drugs.

Point-of-sale distribution of pharmaceutical has two distinct levels of organization in Missouri. Of the MJTF that indicated this industry is a major or moderate problem, 42.1% indicated industry participants are unorganized (Figure 38). Another 36.8% of these task forces indicated the industry is somewhat organized. Two gang types appear to be involved in pharmaceutical point-of-sale distribution. Of the task

Table 36
Narcotics, Depressants, And Stimulants Associated With
Pharmaceutical Drug Point-Of-Sale Distribution
As Perceived By Multi-Jurisdictional Drug Task Forces
2008

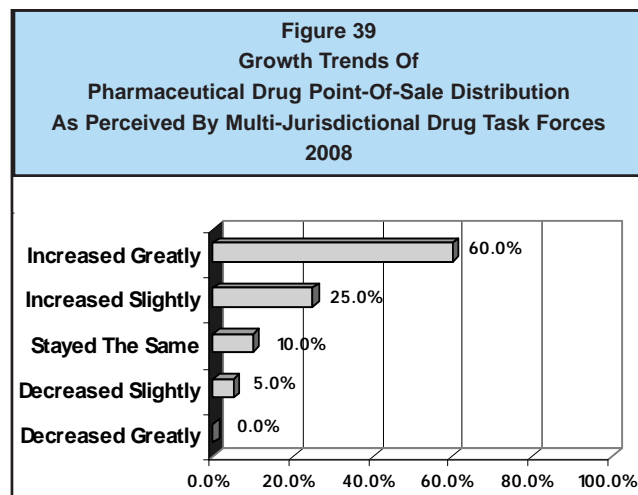
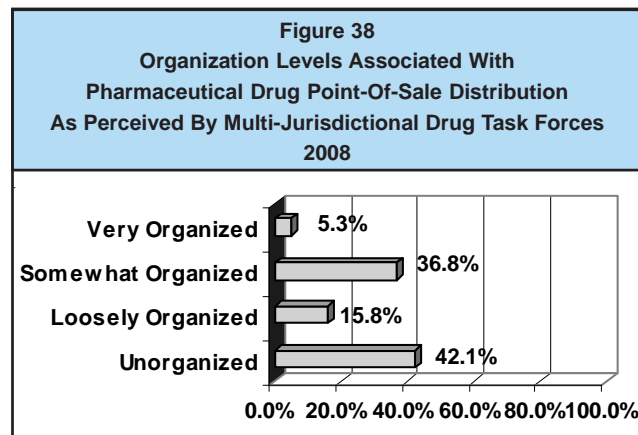
<u>Narcotics</u>	
Oxycontin	95.2%
Vicodin	90.5%
Morphine	61.9%
Fentanyl	38.1%
Dilaudid	28.6%
Codeine	23.8%
Methadone	23.8%
Avinza	4.8%
<u>Depressants</u>	
Xanax	90.5%
Valium	81.0%
Seconal	3.5%
Other	4.8%
<u>Stimulants</u>	
Adderal	57.1%
Ritalin	28.6%
Dexedrine	4.8%
Meridia	4.8%
Other	4.8%
<u>Other Pharmaceuticals</u>	
Anabolic Steroid	19.0%
Testosterone	14.3%
Dextromethorphan	9.5%
Viagra	4.8%

forces that indicated this industry is a major or moderate problem. 42.9% indicated involvement by organized crime and 42.9% noted ethnic / nationalist gang involvement. It is not known whether either of these gang types are associated with point-of-sale distribution of a specific pharmaceutical drug.

Point-of-sale distribution of pharmaceutical drugs is increasing to some degree throughout Missouri. Of the MJTF indicating this industry is a major or moderate problem, 60.0% noted it is increasing greatly and 25.0% said it is increasing slightly (Figure 39).

Table 37 Location Of Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Private Residences	100.0%
Vehicles	76.2%
Streets / Parking Lots	71.4%
Hotels / Motels	42.9%
Work Places	42.9%
Bars / Night Clubs	42.9%
Schools / Playgrounds	38.1%

Table 38 Demographic Characteristics Of Persons Involved In Pharmaceutical Point-Of-Sale Distribution As Perceived By Multi-Jurisdictional Drug Task Forces 2008	
Gender	
Male	13.6%
Female	4.5%
Both	81.8%
Race	
Caucasian	83.3%
African American	11.9%
Hispanic	4.6%
Asian	0.3%
Other	0.0%
Age Group	
17 & Under	7.3%
18 - 25	32.1%
26 - 35	33.6%
36 - 50	20.0%
Over 50	7.0%



New Illicit Drugs

Over time new illicit drugs and support industries appear in Missouri. As part of their quarterly progress reports submitted to the DPS, Missouri crime laboratories are asked to identify new illicit drugs identified in processed cases. From a review of these reports it was determined that four new illicit drugs have become widespread in Missouri. A discussion of these drugs based on NDIC publications follow.

Club Drugs

Club drugs are commonly sold and abused at dance clubs and raves by adolescents and young adults. Included in this new group of drugs are GHB, ketamine, rohypnol, BZP, and TFMPP. Ecstasy, discussed previously, also is considered a club drug.

Because GHB and rohypnol have sedative properties, they have been used to facilitate sexual assaults.

Victims are quickly rendered unconscious when they unknowingly ingest GHB or rohypnol in drinks that had been added by an offender. Once consciousness is regained, victims have no memory of the assault and only a sense they were sexually violated.

With the exception of Xyrem available by prescription, GHB is an illegal substance produced in domestic and foreign laboratories. GHB is known to be produced in Florida, Nevada, Texas, Oregon, and the Midwest. Foreign produced GHB is produced in Canada, Mexico, Europe, and Israel. Rohypnol is sold legally in several foreign countries including Mexico. Rohypnol is taken orally as tablets or crushed into powder and snorted or dissolved in liquid for injection.

Ketamine is legally used in veterinary medicine as a rapidly acting preoperative anesthetic and for emergency surgeries. In addition to its analgesic properties, ketamine is known to affect users as a stimulant, depressant, and hallucinogenic. It is produced legally in the U.S., Belgium, China, Colombia, Germany, and Mexico. Because it is very difficult to produce in clandestine laboratories, ketamine is obtained by theft from domestic and foreign veterinary offices or smuggled into the U.S. from Mexico.

Khat

Cathinone, also known as Khat, is a Schedule 1 substance obtained from the fresh leaves of a flowering evergreen shrub native to Northeast Africa and the Arabian Peninsula. Leaves are chewed quickly, usually within 48 hours following harvest because of the plant's limited shelf life. After this time period the leaves turn into cathine, a Schedule IV drug. Ingestion of the drug increases a user's heart rate and blood pressure. Ingestion of khat also reportedly sharpens users' concentration and increases their energy. When chewed in moderation khat alleviates fatigue and reduces appetite.

Immigrants to the U.S. from Somalia, Ethiopia, and Yemen typically use khat casually or as part of religious ceremonies. Other demographic groups have been reported to use the drug and it is expected to become increasingly available. However, because of its less appealing effects and short period of potency, khat's popularity will be limited.

Salvia

Salvinorin A is a hallucinogen derived from the perennial herb *Salvia Divinorum* of a mint family native to Oaxaca, Mexico. While not native to the U.S., it has been grown indoors and outdoors in Hawaii and California. Salvinorin A is administered by smoking or chewing the plant or by ingesting brewed tea. The plant is typically purchased on the Internet from retailers in California, Hawaii, Missouri, New York, Washington, and Wisconsin. Although the drug is widely available, its popularity is not expected to significantly increase because of its antisocial hallucinogen effects.

Poppers and Snappers

Poppers and snappers are small bottles filled with liquid alkyl nitrates. Once used to ease chest pains or angina, alkyl nitrates are now inhaled recreationally. Unlike other inhalants that act directly on the central nervous system, nitrates act primarily to dilate blood vessels and relax muscles. And while other inhalants are used to alter mood, nitrates are used primarily as sexual enhancers. Some people use viagra along with poppers regardless of the lethal risks associated with this combination of drugs.

APPENDIX A

MISSOURI REGIONAL COUNTY GROUPINGS

SMSA REGIONS:

St. Louis SMSA:

**St. Louis, St. Charles, Franklin, Iron, Jefferson, Reynolds, Ste.
Genevieve, St. Francois, Warren, and Washington and St. Louis City**

Kansas City SMSA:

**Jackson, Platte, Clay, Lafayette, Cass, Bates, Henry, Benton, Vernon,
and St. Clair**

Columbia SMSA:

Boone, Cole, and Callaway

Springfield SMSA:

Greene, Cedar, Christian, Dade, Dallas, Polk, Taney, Stone, and Webster

Joplin SMSA:

Jasper, Lawrence, McDonald, Barry, and Newton

St. Joseph SMSA:

**Andrew, Buchanan, Atchison, Daviess, Holt, Nodaway, Worth, Gentry, DeKalb,
Clinton, Harrison, and Caldwell**

NON-SMSA REGIONS:

**Adair, Audrain, Bollinger, Butler, Camden, Cape Girardeau, Carroll, Carter,
Chariton, Crawford, Douglas, Dunklin, Gasconade, Hickory, , Howard, Howell,
Knox, Laclede, Lewis, Linn, Livingston, Macon, Maries, Marion, Mississippi,
Monroe, Montgomery, New Madrid, Oregon, Ozark, Pemiscot, Perry, Pike,
Pulaski, Putnam, Ralls, Randolph, Ray, Ripley, Saline, Schuyler, Scotland,
Scott, Shannon, Shelby, Stoddard, Sullivan, Texas, Wayne, and Wright**

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